MINISTRY OF HEALTH • ANNUAL REPORT

98/99

HONOURABLE JOHN JANSEN
MINISTER OF HEALTH AND
MINISTER RESPONSIBLE FOR SENIORS

91-00010/

British Columbia Cataloguing in Publication Data

British Columbia. Ministry of Health
Annual Report. - 1977 -

Spine title: Ministry of Health Annual Report 88/89
Continues: British Columbia. Dept. of Health. Annual Report.
ISSN 0701-5372
Report year ends Mar. 31, 1984/85 -
ISSN 0706-4810 = Annual Report - Ministry of Health (Victoria)

1. British Columbia. Ministry of Health - Periodicals
2. Public Health - British Columbia - Periodicals
3. Medicine, State - British Columbia - Periodicals

RA185. B7D46a 354.7110677
Rev. March 1989

Office of the Minister of Health
Parliament Buildings, Victoria, B.C.

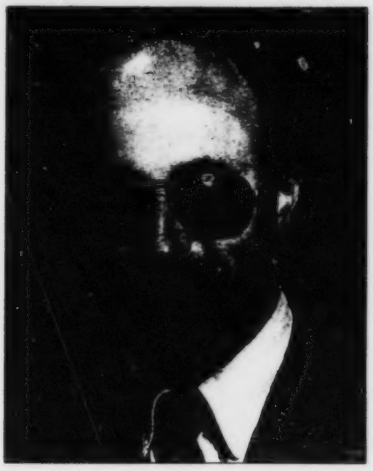
June 15, 1990

The Honourable David Lam
Lieutenant-Governor of the
Province of British Columbia

May it please your Honour:

The annual report of the
Ministry of Health for 1988/89 is
herewith respectfully submitted.

John Jansen
Minister of Health and
Minister Responsible for Seniors



Ministry of Health
Victoria, B.C.

June 15, 1990

The Honourable John Jansen
Minister of Health
Victoria, B.C.

Sir:

I have the honour of submitting the annual report of the Ministry of Health for 1988/89.

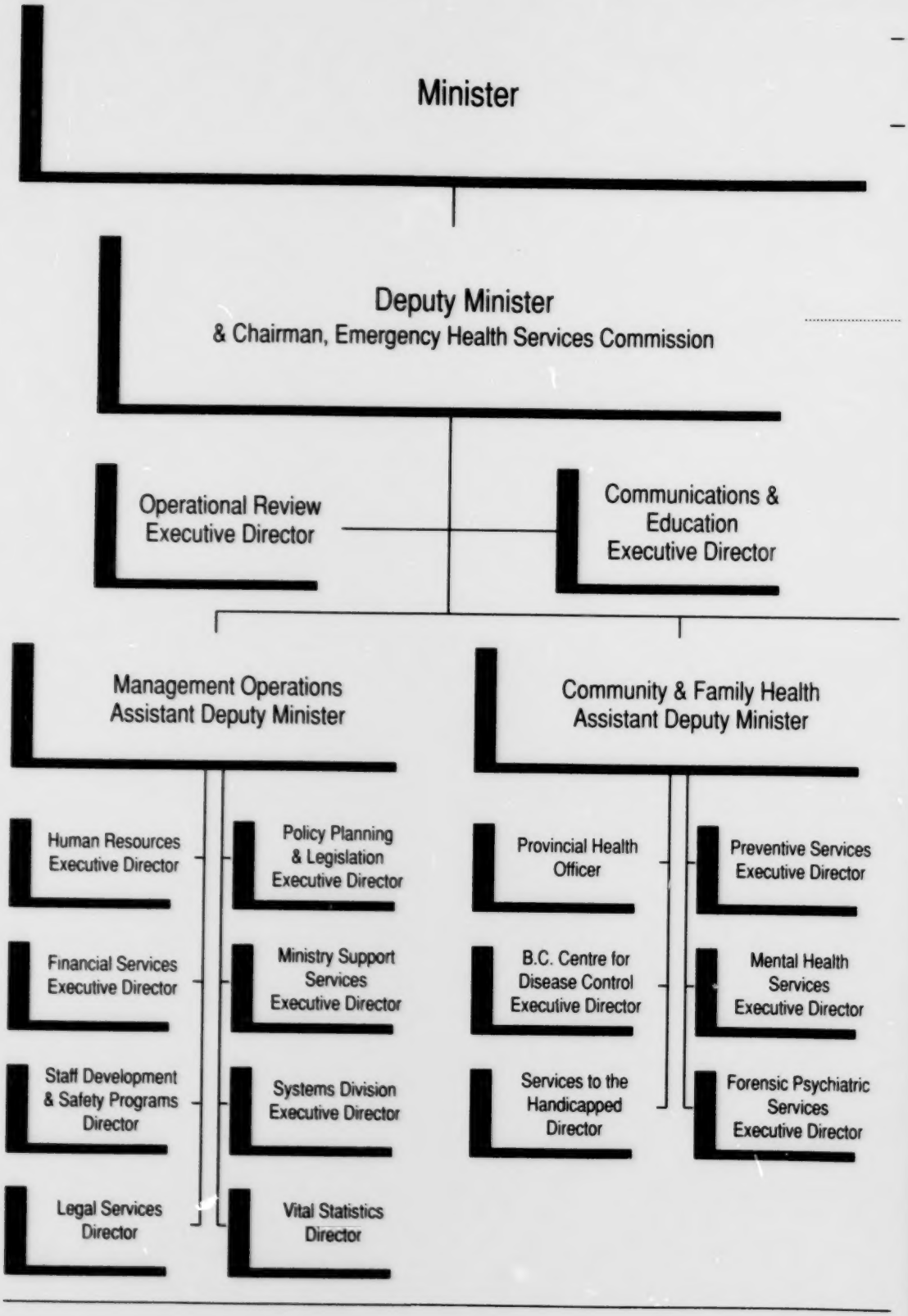
J.C. Lovelace
A/Deputy Minister of Health

INTRODUCTION

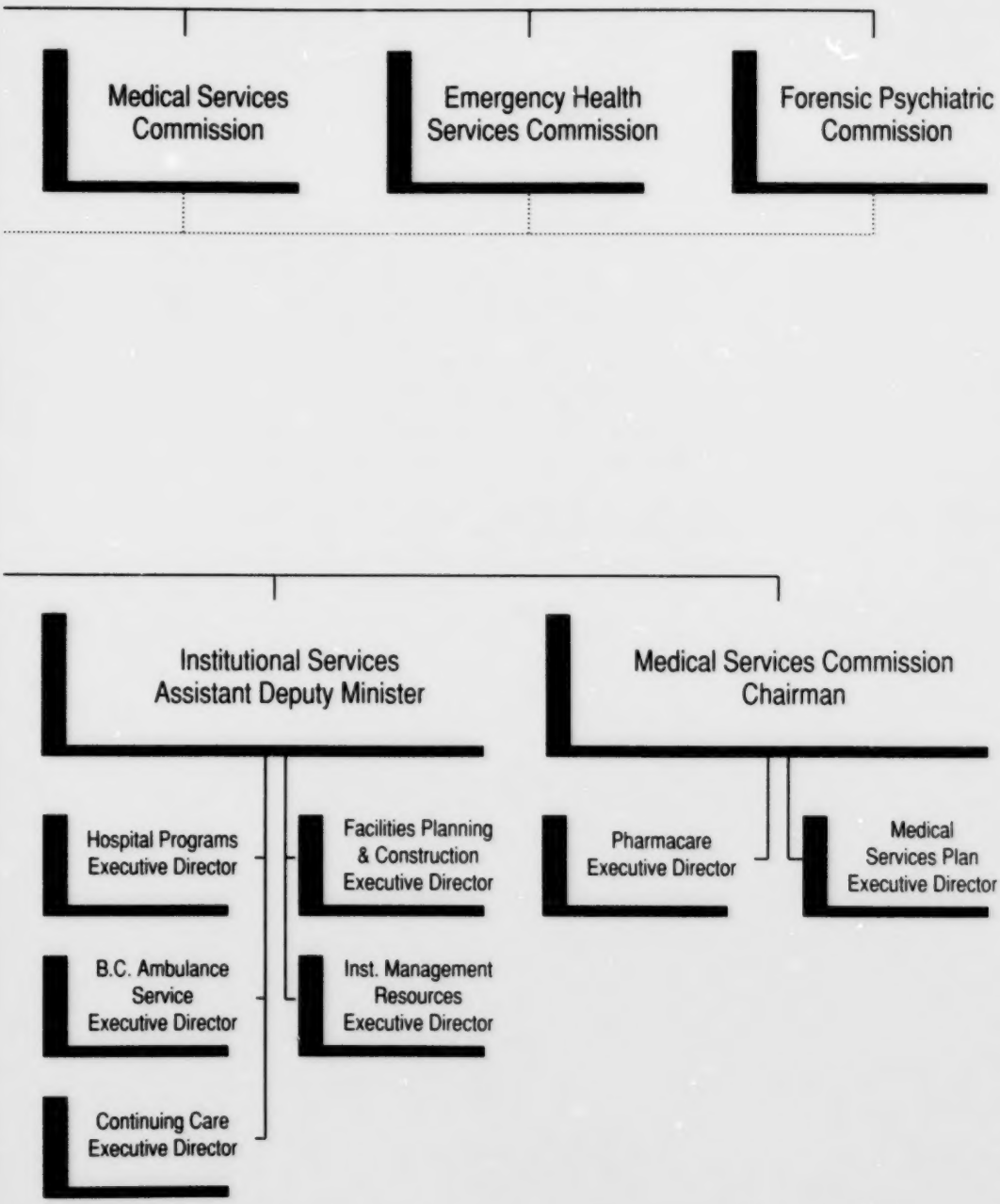
The mission of the Ministry of Health is to maintain and improve the health status of British Columbians. In the execution of this role, the ministry provides management and leadership of the health care system on behalf of the provincial government.

This document contains a summary of the activities carried out by the four operating divisions of the Ministry of Health during the fiscal year 1988/89. It also includes a statement of expenditures incurred in delivering one of the most progressive health care systems in the world.

MINISTRY OF HEALTH ORGANIZATIONAL CHART, MARCH 31,1989


Minister
Deputy Minister
& Chairman, Emergency Health Services Commission
Operational Review
Executive Director
Communications &
Education
Executive Director
Management Operations
Assistant Deputy Minister
Community & Family Health
Assistant Deputy Minister
Human Resources
Executive Director
Policy Planning
& Legislation
Executive Director
Financial Services
Executive Director
Ministry Support
Services
Executive Director
Staff Development
& Safety Programs
Director
Systems Division
Executive Director
Legal Services
Director
Vital Statistics
Director
Provincial Health
Officer
Preventive Services
Executive Director
B.C. Centre for
Disease Control
Executive Director
Mental Health
Services
Executive Director
Services to the
Handicapped
Director
Forensic Psychiatric
Services
Executive Director

MINISTRY OF HEALTH • ORGANIZATIONAL CHART • MARCH 31, 1989


Medical Services Commission
Emergency Health Services Commission
Forensic Psychiatric Commission
Institutional Services Assistant Deputy Minister
Medical Services Commission Chairman
Hospital Programs Executive Director
Facilities Planning & Construction Executive Director
B.C. Ambulance Service Executive Director
Inst. Management Resources Executive Director
Continuing Care Executive Director
Pharmacare Executive Director
Medical Services Plan Executive Director

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Acts under the Jurisdiction of the Minister of Health

Anatomy Act

Medical Service Act

Chiropractors Act

Medical Service Plan Act, 1981

Community Care Facility Act

Mental Health Act

Dental Technicians Act

Ministry of Health Act

Dentists Act

Name Act

Forensic Psychiatry Act

Naturopaths Act

Health Act

Nurses (Licensed Practical) Act

Health Emergency Act

Nurses (Registered Psychiatric) Act

Hearing Aid Act

Nurses (Registered) Act

Heroin Treatment Act

Pharmacists Act

Hospital Act

Physiotherapists Act

Hospital (Auxiliary) Act

Podiatrists Act

Hospital District Act

Psychologists Act

Hospital Insurance Act

Public Toilet Act

Hospitals Amalgamation Act

Tuberculosis Institution Act

Human Tissue Gift Act

Venereal Disease Act

Marriage Act

Vital Statistics Act

Medical Practitioners Act

Wills Act (Part 11)

MANAGEMENT OPERATIONS

OPERATIONAL REVIEW DIVISION

The Operational Review Division carries out independent operational reviews to evaluate and report on the economy, efficiency and effectiveness of ministry operations and management controls. Operational reviews provide assurances to the deputy minister and senior management that ministry operations are well run and identify opportunities where improvements can be effected.

The major objective of the operational review function is to provide a service to ministry management by identifying and assisting to resolve operational problems and deficiencies in order to improve productivity and effectiveness. The division also assists the private sector wherever possible in creating employment opportunities through the manufacture of health care products in British Columbia.

Significant successfully completed projects during 1988/89 included an audit of a major private laboratory operation in British Columbia, operational reviews of Pharmacare and Homemaker Services, and the Medical Services Commission's annual financial statements.

HUMAN RESOURCES DIVISION

The Human Resources Division maintains and develops services necessary to manage the ministry's human resources through headquarters in Victoria and seven regional offices.

In 1988/89, the division improved services to managers by locating headquarters staff within the program areas they serve, and by directing staff and resources to support classification reviews, staffing and labour relations.

In Organization and Classification, 50 percent more position reviews were carried out (582 compared to 289 the previous year). In addition, major reviews were initiated including the Nutritionist series.

In Staffing, of the 904 appointments made, 1 percent were appealed, and only 0.4 percent resulted in repeated competitions.

In Labour Relations, there was a 26 percent decline in grievances filed in the ministry from April 1, 1988 to March 31, 1989.

STAFF DEVELOPMENT AND SAFETY PROGRAMS

This division provides timely and appropriate leadership and direction for staff development and occupational health and safety.

Staff Development continued to meet the training needs of headquarters and regional personnel. During 1988/89, 2,595 participant days of in-house staff development courses were delivered.

In addition, over 1,246 staff attended specialized training courses delivered by private contract or community-based educational institutions.

Several new training initiatives were undertaken including a number of computer courses delivered in 14 centres throughout the province, a new supervisory program delivered to administrative support staff, and a refined and enhanced contract management course designed for managers.

Major new projects successfully established included Women's Programs to provide improved career development opportunities for women, development of regional training plans to complement identified operational needs, and the development of a Temporary Assignment Program as an on-the-job training program for middle managers.

The division continued to actively promote Occupational Health and Safety programs province-wide, providing over 650 participants with established safety-specific training programs. Liaison with the Workers' Compensation Board in accident prevention programming and delivery of the driver training program continued.

Major activities included implementation of the Workplace Hazardous Materials Information System (W.H.I.M.S.) to alert workers to safe practices and procedures when handling, or in close proximity to, harmful workplace commodities; establishment of the Fitness Education Centre to aid back/neck injured employees in rehabilitation; and, an Occupational Health and Safety newsletter promoting accident prevention practices.

SYSTEMS DIVISION

The Systems Division provides consulting services, systems analysis, maintenance and operational system support to all ministry programs.

In 1988/89, the division supported the ministry in introducing new operational information systems and enhancing existing systems. In addition, the division supported the ministry's focus on improved monitoring and management information systems.

The division under took the following:

- implemented the Teleplan II system permitting on-line submission of practitioner claims via computer link to the Medical Services Plan;
- continued installation and refinement of systems to automate the clinical and laboratory activities of the B.C. Centre for Disease Control;
- developed and implemented the capability to produce improved management information for the Pharmacare program;
- extended systems capabilities to ministry field offices to support improved management planning and control of field activities;
- identified management information requirements for the Forensic Psychiatric Services program;
- identified management and operational information requirements to improve the Human Resources system; and,
- upgraded the ministry's office automation capacity.

Additionally, the division played a major role in developing a ministry-wide privacy of information policy and in the definition of a strategy for the implementation of a Personal Health Number. These two activities are co-requisites to the further development of the ministry's management information capabilities.

MINISTRY SUPPORT SERVICES

Ministry Support Services Division provides a wide range of support services to all sectors of the ministry. These include health units, mental health centres, government hospitals and institutions, and a wide variety of health service agencies and societies.

The Space Planning and Facilities Management Branch manages the ministry's annual budget for accommodation provided through the British Columbia Buildings Corporation. The branch ensures that the ministry receives the best possible value for occupancy funds provided for the housing of ministry personnel in a wide range of accommodation. Ministry staff occupy more than 400 facilities in 159 communities across the province.

Management Services Branch provides general support to facilitate efficient delivery of health services to the public. Included are management engineering, forms management, vehicle fleet management, communications, printing, mail, records management, asset management and the Speech and Hearing Technical Laboratory.

There is active participation in the British Columbia Hearing Aid Program through the provision of specialty hardware, technical expertise and hearing aid supplies.

Significant accomplishments during 1988/89:

- initiated a Disaster Planning Training Program for ministry employees;
- planned the relocation of disaster health supplies including 200-bed emergency hospitals, advanced treatment centres and Casualty Collection Units.
- transferred Ministry Support Services warehouse, inventory and 35 staff to the Purchasing Commission;
- relocated the Audio-Visual Library from Riverview Hospital to the ministry library;
- installed a computerized security system at 1515 Blanshard Street in Victoria;
- provided 19 new or significantly renovated ambulance stations and nine health centres;
- completed a consolidated health centre in Salmon Arm and Sechelt, a kidney dialysis clinic in Creston, and a Vital Statistics office in Richmond and in Burnaby; and,
- rearranged approximately 5,000 sq.m. of headquarters accommodation, in addition to the re-location of Vital Statistics and Government Employee Health Services offices in Victoria.

POLICY PLANNING AND LEGISLATION DIVISION

The division is responsible for health economic analysis, health manpower, corporate and health disaster preparedness planning; policy recommendations for ministerial, inter-ministerial and inter-governmental decisions; co-ordination of legislation; and, research and evaluation in support of ministry programs.

The Policy Branch prepared materials for the deputy minister and the minister for provincial and federal conferences, developed cabinet submissions, and supported the ministry executive and the ministry as a whole with a wide range of reports and information. Position papers were prepared throughout the year on current issues.

The legislation section of the Policy Branch co-ordinates the annual legislative program for the ministry. Major amendments were made during the year to two statutes, and miscellaneous amendments to another nine statutes. Considerable preparation was done for legislation to be introduced during the following year.

The Health Economics and Planning Branch provided support for various ministry initiatives, including the British Columbia Heart Health Survey and negotiations with health care providers.

The Health Planning Data Base became an operational system accessible to all areas of the ministry. The branch funded the Health Manpower Research Unit of the University of British Columbia, which published *Rollcall Update 88*, a report on the numbers, distribution and characteristics of selected health care professions. The Health Manpower Working Group addressed issues related to the supply and demand of specific professional and occupational groups including physicians, nurses and rehabilitative personnel. The branch also provided ministry representation on a number of federal-provincial committees addressing health human resource issues.

The Research and Evaluation Branch performed research projects, scientific literature reviews, surveys, program evaluations, economic studies and research consultations for the ministry. Completed studies include an economic evaluation of Digital Diagnostic Imaging at the Victoria General Hospital, and a major literature review of drug use among the elderly. Continuing projects include the final phase of the Prenatal Class Utilization Study, collection and analysis of data for the Keep Well project (to help the elderly remain outside of institutional care), and an evaluation of a Pregnancy Outreach Program.

The Policy Branch took on the responsibility for Health Disaster Preparedness within the ministry in late 1988. The branch participated in development of the first Emergency Preparedness Conference of October 1988, in Vancouver, developing a major participant survey. The groundwork was also laid for the first Health Disaster Preparedness

Conference in the Capital Regional District. Preliminary work was completed for taking charge of Emergency Medical Supplies under the National Medical Stockpile Agreement. Development of the Ministry of Health Disaster Preparedness Plan was initiated.

Communications and Education Branch

During the 1988/89 operating year, the Information Services Branch underwent re-structuring resulting in the amalgamation of the communications and education functions within the Ministry of Health. To reflect this change, the branch was re-named the Communications and Education Branch.

In this expanded capacity, the department is responsible for providing overall communications planning, development, implementation and evaluation for the Ministry of Health. Responsibilities also include developing and evaluating social market research, issues management, crisis communications planning, media relations, public relations, advertising and the development and execution of comprehensive educational initiatives.

Specifically, a number of key objectives were established, namely: to ensure that British Columbians are fully informed of the health services and programs available to them and to promote the adoption of healthy lifestyles.

As a result, the branch undertook a number of initiatives which included renewed emphasis on environmental public health issues and associated concerns such as clean air, water and food products. Communications activities also included related media and public relations programs targetted at a community level and involving medical health officers and public health units as central distribution and media contact points.

Recognizing the need for a comprehensive and coordinated approach to seniors' issues, the Minister of Health was named Minister Responsible for Seniors effective July 6, 1988. Following the appointment, a major communications initiative was planned. A discussion paper called: "Toward a Better Age: Strategies for Improving the Lives of Senior British Columbians" was developed to form the basis of a province-wide public consultation process which would assist government in planning for future programs and services for seniors.

The concept of wellness and the role of the individual in accepting responsibility for their personal health was addressed and is best represented by the Choosing Wellness Program developed in conjunction with the Community and Family Health Division, Fitness Branch.

Public issues managed by the branch included open heart and transplant surgery, the screening mammography program, a variety of new and amended legislation, nursing manpower, health research, care for the handicapped and head injured, environmental health, preparation for the introduction of the new Medical Services Plan CareCard, and a national conference on health promotion.

In all, the branch managed 195 communications programs, prepared 128 speeches and speaking notes for the minister's office and senior management and issued 122 news releases.

Overall, the Communications and Education Branch initiated a planning process to enable staff to be better prepared to respond to the everchanging communications and education needs which are a part of the ongoing business of the Ministry of Health.

FINANCIAL SERVICES DIVISION

Financial Services Division develops, implements and operates the ministry's fiscal management and control systems through the operation of three branches.

Financial Policy and Audit Services Branch develops, implements and maintains financial policies and procedures in accordance with the requirements of the Ministry of Health and Treasury Board, and also conducts audits and financial reviews to ensure compliance with policies.

Accounting Operations Branch manages and safeguards public funds while ensuring that efficient systems are in place for documenting and processing all ministry revenue and expenditure transactions. Additionally, the branch is responsible for accounts payable and accounts receivable operations of the ministry, operation of the ministry's payroll and leave management systems, and the collection of revenue.

Financial Analysis, Planning and Budgets Branch plans and coordinates development of the ministry's annual Estimates; analyzes and monitors current year financial results; reviews and analyzes the financial aspects of submissions to Cabinet and Treasury Board; and, establishes and maintains a ministry chart of accounts.

LEGAL SERVICES DIVISION

Legal Services Division provides professional legal advice to the ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

VITAL STATISTICS

(Vital Statistics based on calendar year 1988)

The Division of Vital Statistics administers the Vital Statistics Act, Marriage Act, Name Act and Part II of the Wills Act. These acts govern the registration of births, deaths, marriages, changes of name and the issuance of certificates related to these events. In addition, Vital Statistics maintains special purpose registries for recording cases of congenital anomalies and physical handicaps, adopted children and natural parents wishing to establish contact, and for the filing of wills notices.

Other services provided to the public by the division include issuance of marriage licences; performance of civil marriage ceremonies; legal changes of name; special verification of details related to birth, death and marriage events; searches of the Wills Registry for wills notices; and, publication of statistical information in an annual report. Listings and statistical information are also provided to numerous government agencies, organizations and special research groups.

Selected Statistical Information for 1988

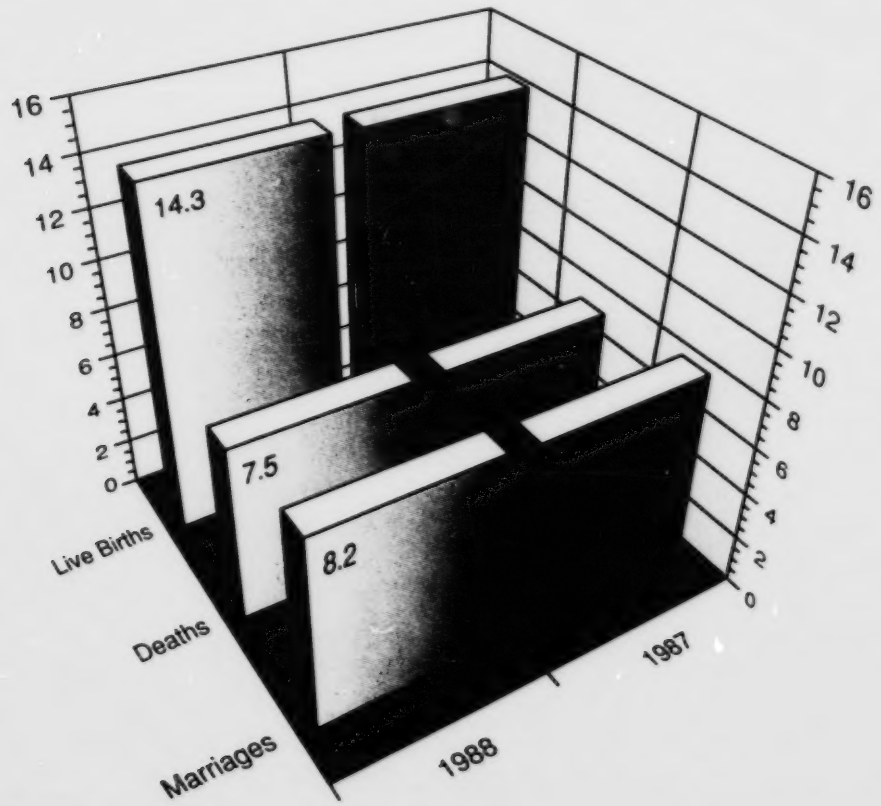
The numbers and rates of live births, deaths and marriages were all slightly higher in 1988 than in the previous year. The average number of live births per day in British Columbia during 1988 was 117.

Slightly more than 5 percent of the live births in British Columbia during 1988 were to women under 20 years of age, while women aged 35 or older accounted for almost 10 percent of all live births. The average age of women giving birth was just under 28 years old.

The oldest person who died in British Columbia during 1988 was age 111, and there were 171 deaths to individuals aged 100 years or more.

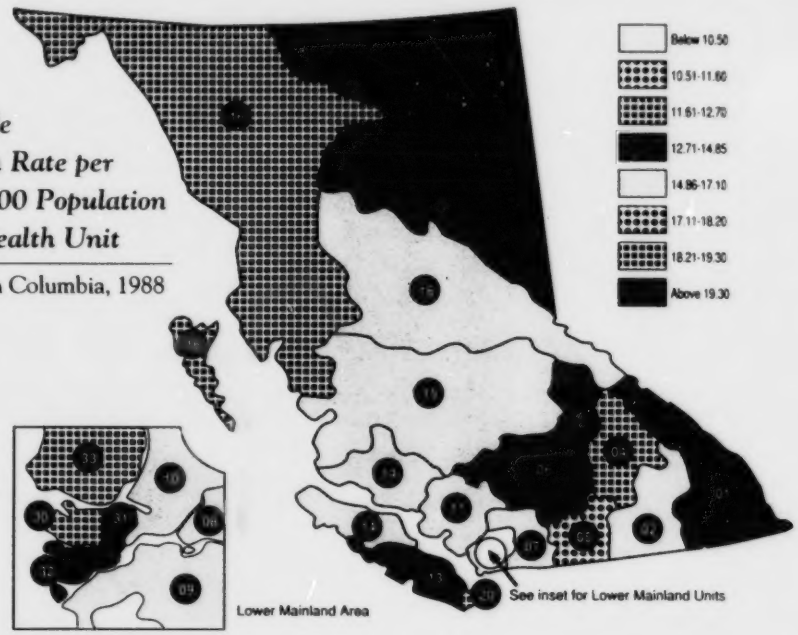
Summary of Live Births, Deaths and Marriages

British Columbia, 1987 and 1988
Rate per 1,000 population *(See Table 11 in Appendix for detailed breakdown)*



Crude Birth Rate per 10,000 Population by Health Unit

British Columbia, 1988

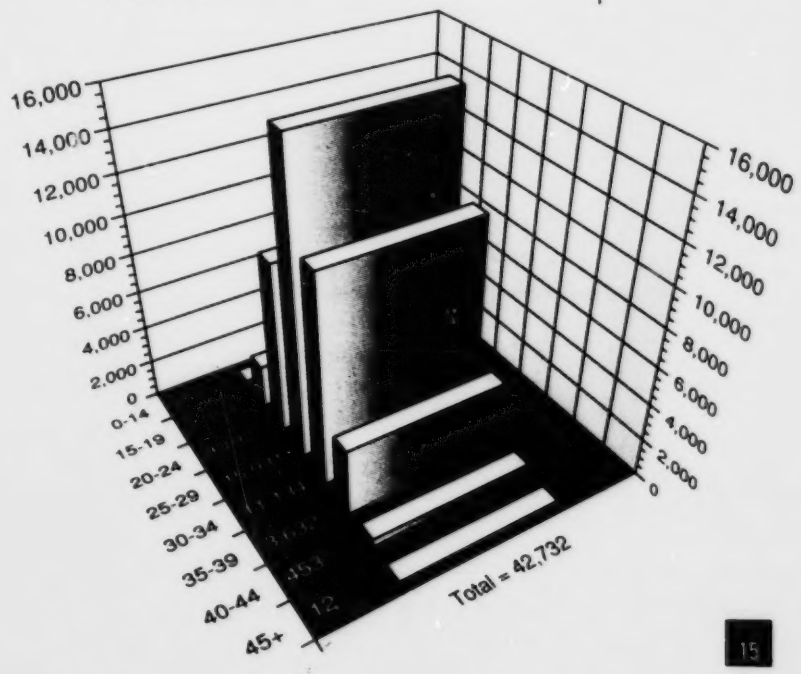


HEALTH UNITS

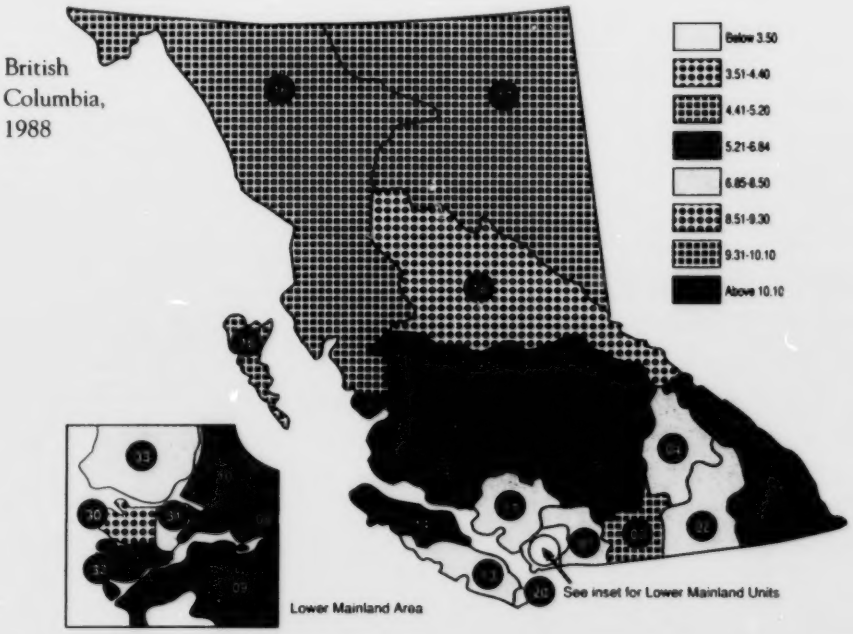
01 East Kootenay	02 Central Kootenay	04 North Okanagan	05 South Okanagan
06 South Central	07 Upper Fraser Valley	08 Central Fraser Valley	09 Boundary
10 Simon Fraser	11 Coast Garibaldi	13 Central Vancouver Island	14 Upper Island
15 Cariboo	16 Skeena	17 Peace River	
18 Northern Interior	20 Victoria	30 Vancouver	
31 Burnaby	32 Richmond	33 North Shore	

Live Births by Age of Mother

British Columbia, 1988



Crude Death Rate per 10,000 Population by Health Unit



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Sixty percent of the marriages that took place in British Columbia during 1988 involved situations where neither partner had previously been married. Civil marriages accounted for 45 percent of all marriages, while 55 percent were religious. The proportion of civil ceremonies has been increasing for many years.

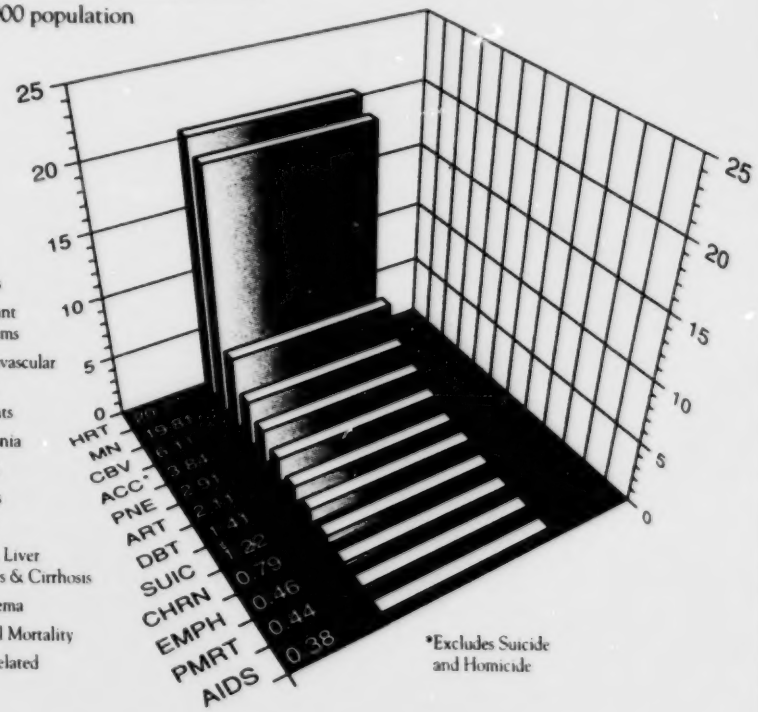
The top 11 causes of death in the Province have not changed in the past five years. Heart disease and cancer, the top two leading causes of death, accounted for 54 percent of all deaths in British Columbia in 1988.

Stillbirths accounted for two-thirds of all perinatal deaths in British Columbia in 1988; and early neonatal deaths (age at death under one week) accounted for more than half of all infant deaths.

Twelve Leading Causes of Death

Rate per 10,000 population

British Columbia, 1988



HRT - Heart Diseases
MN - Malignant Neoplasms
CBV - Cerebrovascular Disease
ACC - Accidents
PNE - Pneumonia
ART - Arteries
DBT - Diabetes
SUIC - Suicide
CHRN - Chronic Liver Disorders & Cirrhosis
EMPH - Emphysema
PMRT - Perinatal Mortality
AIDS - AIDS Related

*Excludes Suicide and Homicide

Stillbirth and Infant Mortality

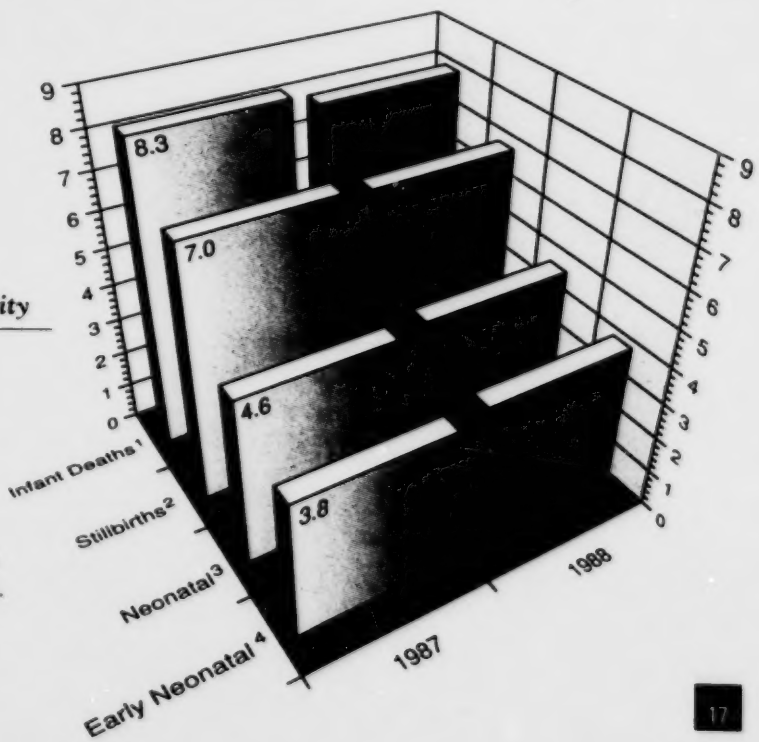
Rate per 1,000 live births
Stillbirth rate per 1,000 total births
British Columbia, 1987 and 1988

[1] Age at death less than 1 year.

[2] Gestational age at least 20 weeks or birthweight at least 500 grams.

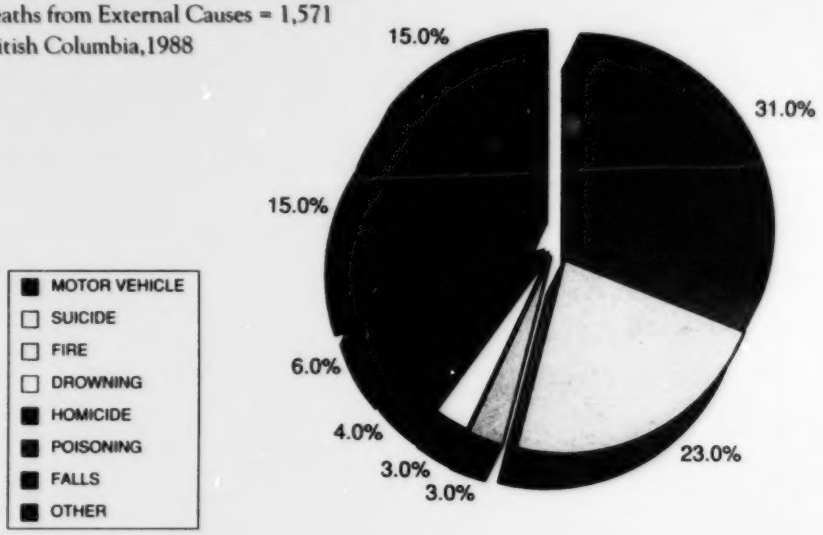
[3] Age at death less than 28 days.

[4] Age at death less than 7 days.



Death from Accidents/Violence by External Cause

Deaths from External Causes = 1,571
British Columbia,1988

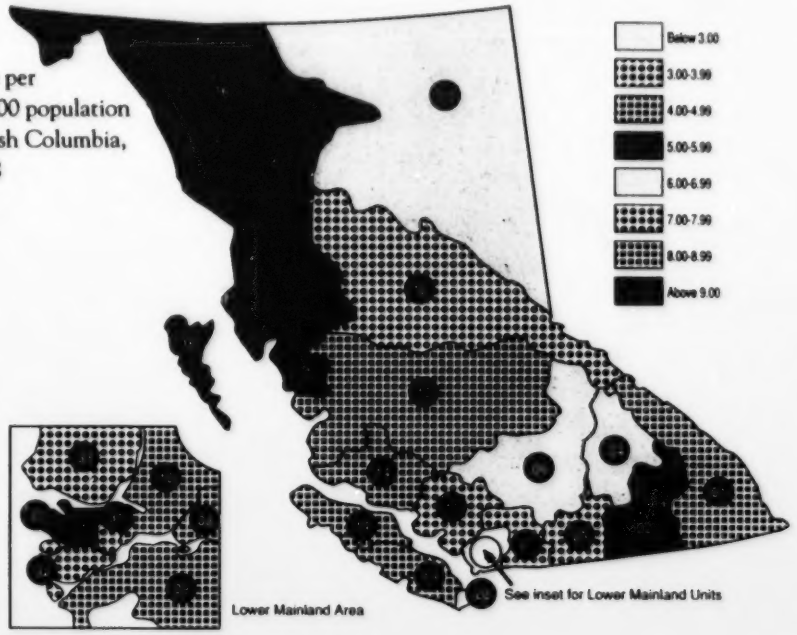


The rate of accidental deaths to residents of the Skeena Health Unit was more than double the provincial average; while the rate of accidental deaths in the Greater Victoria area was less than half the provincial average. Motor vehicle accidents and suicides were responsible for more than half of the accidental deaths in British Columbia in 1988.

Approximately 1 in 20 live births in British Columbia is born with a major or minor congenital anomaly; and approximately 1 in 600 is born with a chromosomal anomaly. There is no indication that the birth incidence rates for congenital anomalies are increasing in British Columbia.

Deaths from Accidents/ Violence by External Cause for each Health Unit

Rate per
10,000 population
British Columbia,
1988



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There were at least 11,567 people with diabetes living in British Columbia at year end 1988. This represents a prevalence rate of 38.8 per 10,000 population or about 1 in 250 people.

At least 13,182 people with some degree of mental retardation were living in the province at year end 1988; approximately 14 percent of these people had Down's Syndrome (See Table 18 in the Appendix for more details).

MEDICAL SERVICES COMMISSION

Under the Medical Service Act, the Medical Services Commission is responsible to the Minister of Health for the administration of the Medical Services Plan and Pharmacare. The Executive Director of the Medical Services Plan and the Executive Director of Pharmacare report to the Chairman of the Medical Services Commission, and are responsible for the overall operation of the Medical Services Plan and of Pharmacare, respectively.

MEDICAL SERVICES PLAN

The main functions of the Medical Services Plan are to register subscribers and collect premiums, and to pay for services covered by the plan. The Medical Services Plan pays out over $1 billion a year for the services of physicians and other health care providers.

In 1988/89, basic Medical Services Plan coverage included all medically required visits to general practitioners and specialists; laboratory services and other diagnostic procedures including X-ray and ultrasound examination; and, dental and oral surgery when medically required to be performed in a hospital.

A number of supplementary benefits continued to be offered during the fiscal year including the services provided by chiropractors, massage therapists, naturopathic physicians, optometrists, orthoptists, podiatrists and physiotherapists.

Medical Services Plan Expenditures

Total medical and supplementary medical benefit payments increased by 6.7 percent reaching $1.07 billion in 1988/89.

Of this total, payments to physicians increased by 7.3 percent to $1.01 billion; while payments to supplementary benefit practitioners decreased by 4.3 percent to $57.1 million.

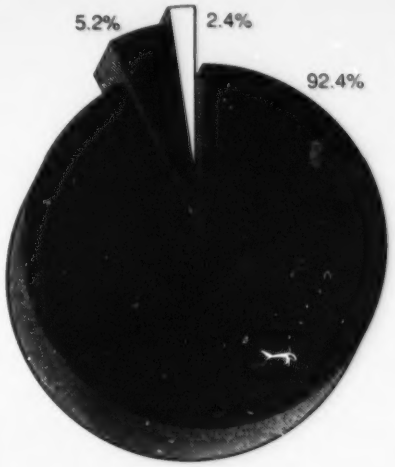
The Medical Services Plan monitors practitioners' patterns of practice and investigates over-utilization of the plan. The plan also participates in negotiating fees for services rendered under the plan.

The following figure shows that close to 98 percent of the cost of the Medical Services Plan represents payments to practitioners.

Summary of Disbursements

March 31, 1989

- MEDICAL PAYMENTS $1,011,377,270
- SUPPLEMENTARY BENEFIT PAYMENTS $57,061,103
- ADMINISTRATION COSTS $26,675,093



Registration and Premium Billing

Approximately 2.95 million individuals were registered with the Medical Services Plan at year end 1988/89, representing nearly 98 percent of the population of British Columbia. Coverage was provided to permanent British Columbia residents. New residents received coverage following a waiting period comprised of the remainder of the month of arrival, plus two months.

The premium rates of the Medical Services Plan are in line with the Ministry of Health's objective of funding approximately 50 percent of the medical plan costs through premiums and 50 percent through general taxation and federal government cost sharing. In order to meet this funding objective, effective May 1, 1988 the monthly premium rates increased from $20 to $29 for a subscriber without dependents, from $37 to $52 for a family of two, and from $42 to $58 for a family of three or more. Premiums cover 100 percent of the cost of the supplementary health benefits.

Prior to April 1, 1988, premiums collected under the Medical Services Plan were remitted directly to the Medical Services Commission, and additional funds were obtained from the Consolidated Revenue Fund of the Province of British Columbia to meet the total expenditures. After that date, amendments to the Medical Service Act Regulations, approved by Order-in-Council dated March 25, 1988, require premiums to be remitted to the Minister of Finance and Corporate Relations. Money is now paid out of the Consolidated Revenue Fund to meet all the needed expenditures for the operation of the Medical Services Plan.

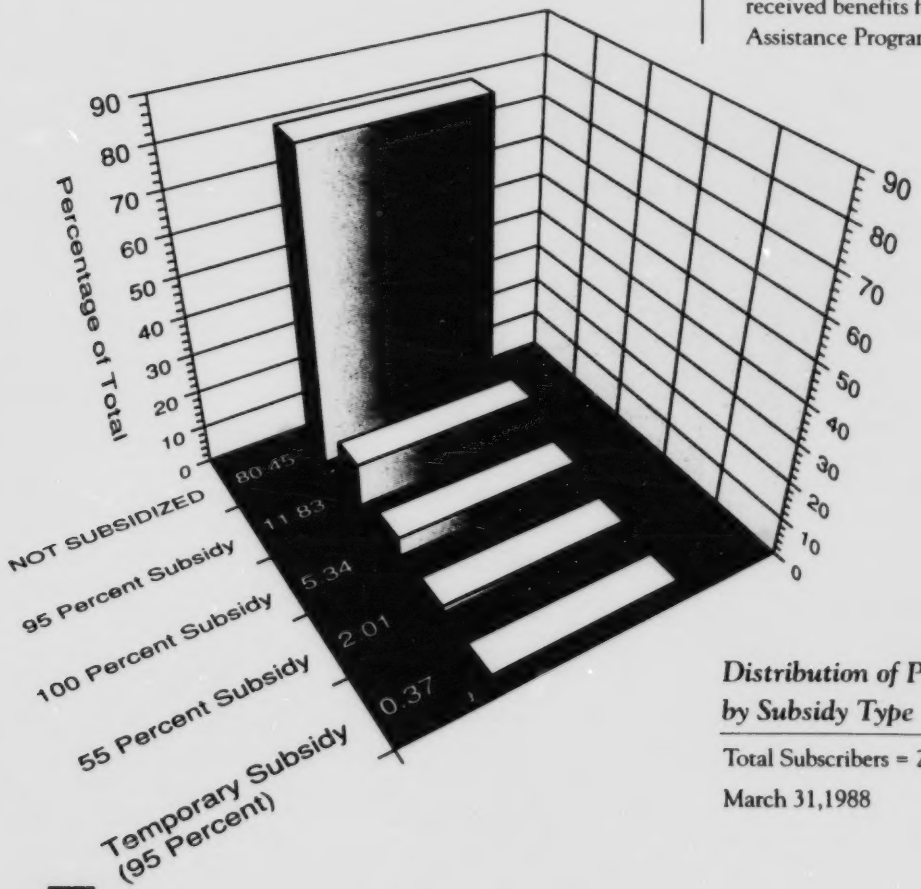
Premium Assistance

To ensure that all British Columbia residents have access to medical coverage, some residents have their entire premiums paid by either the provincial or federal government. For example, the Province of British Columbia pays the premiums for certain individuals receiving benefits from the Ministry of Social Services and Housing. The Department of National Health and Welfare pays premiums for status Native Indians.

Two levels of premium subsidy were available to subscribers through the Medical Services Plan. Premiums were subsidized by either 95 or 55 percent for one year for individuals who qualified based on the previous year's income. Premium assistance for three months of coverage was available to subscribers who were encountering temporary financial hardship.

The ministry provided premium subsidies totalling $145,416,277 for the 1988/89 fiscal year.

The following figure shows the number of persons receiving assistance in each category of premium subsidy. More than 575,000 British Columbians received benefits from the Premium Assistance Program in 1988/89.



Distribution of Premium Assistance by Subsidy Type

Total Subscribers = 2,952,158

March 31,1988

Payment for Services Provided under the Plan

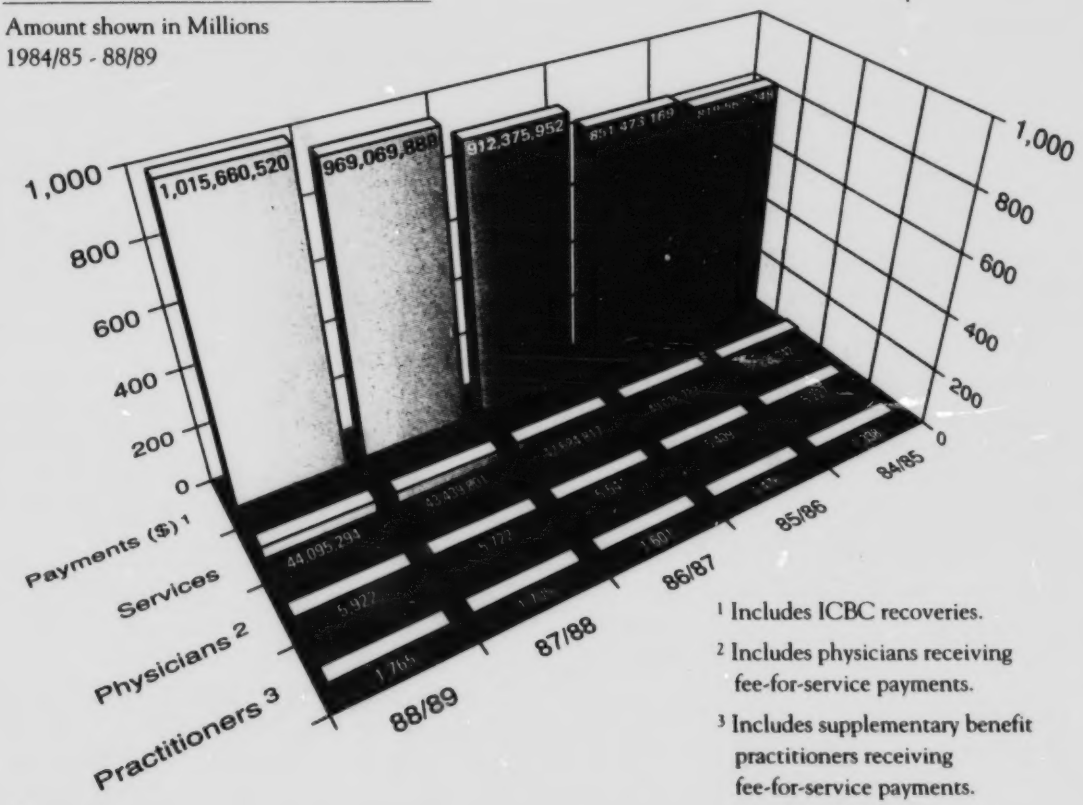
Approximately 5,900 physicians and 1,700 supplementary benefit practitioners bill the Medical Services Plan on a fee-for-service basis.

The following figure shows the total payments, services provided and number of physicians and supplementary benefits practitioners registered with the Medical Services Plan over the past five years.

Fees for physicians are determined by the Medical Services Commission and the British Columbia Medical Association (BCMA), a voluntary organization which represents the concerns of the medical profession. Fees for dentists, oral surgeons and supplementary practitioners are negotiated by their respective professional organizations and the Medical Services Plan.

Summary of Payments, Services and Practitioners

Amount shown in Millions
1984/85 - 88/89



1 Includes ICBC recoveries.

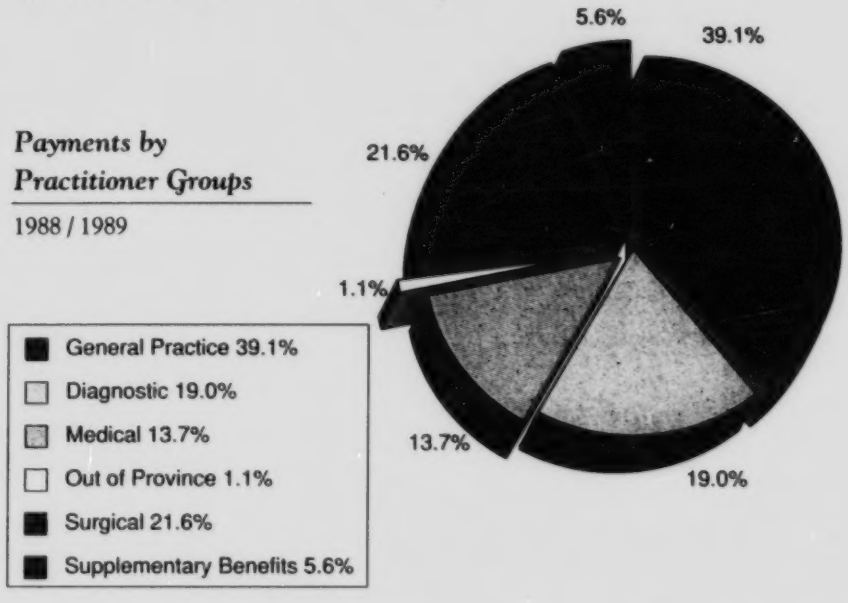
2 Includes physicians receiving fee-for-service payments.

3 Includes supplementary benefit practitioners receiving fee-for-service payments.

The following figure shows the categories of claims paid by the Medical Services Plan in 1988/89. The members of each group performing certain medical services are listed under Group Membership (See Table 2 in the Appendix for a detailed breakdown).

Payments by Practitioner Groups

1988 / 1989



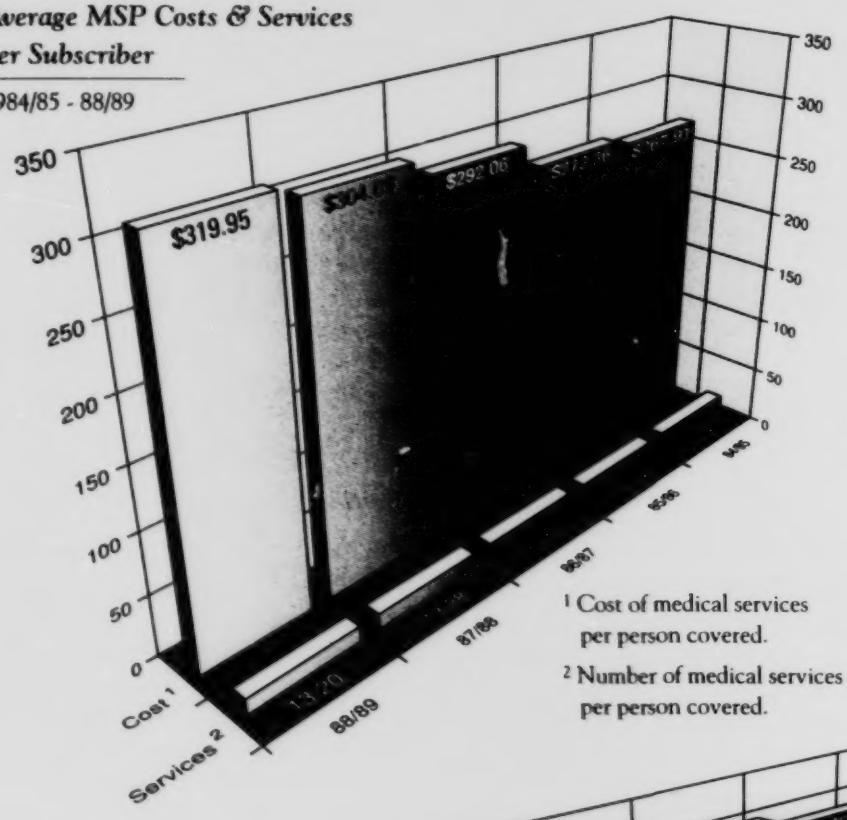
GROUP MEMBERSHIP

General Practice

Surgical	General Surgery	**Supplementary Benefits**	Chiropractic	**Medical**	Internal Medicine
	Orthopaedic Surgery		Optometry		Psychiatry
	Plastic Surgery		Physiotherapy		Paediatrics
	Dental Surgery		Massage Therapy		Dermatology
	Oral Surgery		Podiatry		Neurology
	Opthalmology		Naturopathic		Osteopathic
	Neurosurgery		Orthodontic		Neuropsychiatry
	Ostetrics & Gynecology				Public Health
	Urology	**Diagnostic**	Pathology		Physical Medicine
	Ear/Nose/Throat		Radiology		
	Anaesthesia		Nuclear Medicine	**Out of Province**	All
	Thoracic Surgery		Microbiology		
			Paediatric Cardiology		

Average MSP Costs & Services per Subscriber

1984/85 - 88/89

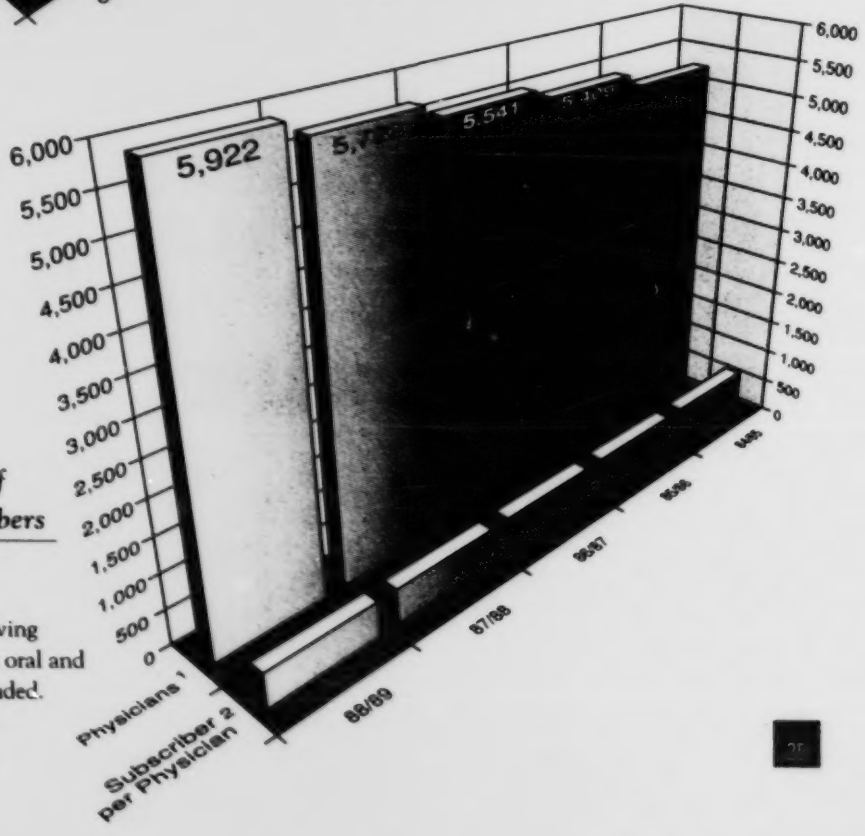


[1] Cost of medical services per person covered.

[2] Number of medical services per person covered.

Physicians & Ratio of Physicians to Subscribers

1984/85 - 88/89



[1] Includes physicians receiving fee-for-service payments; oral and dental surgeons not included.

[2] Based on the number of physicians[1] billing MSP.

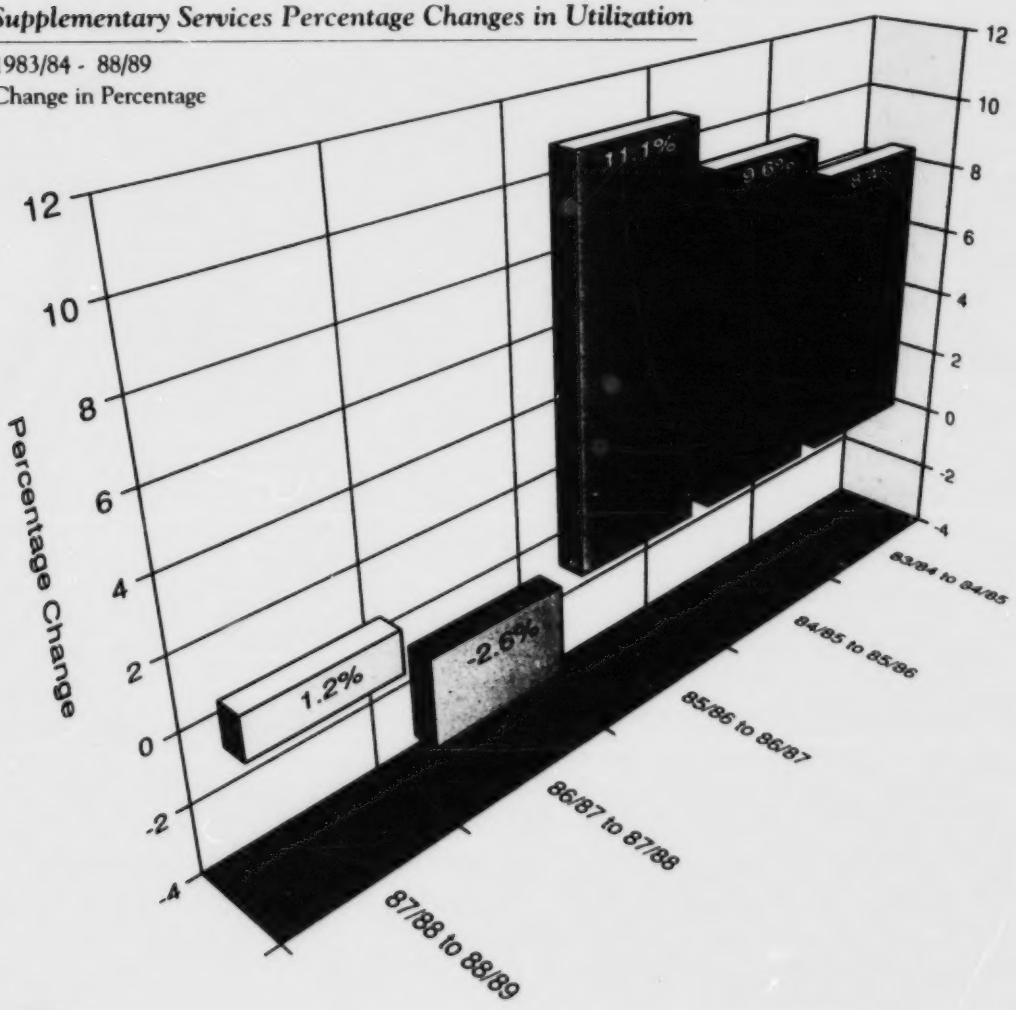
In 1987, a $5 patient visit charge was introduced to help control the rising costs of supplementary benefits. Payments to supplementary practitioners decreased more than 4 percent in 1988/89, largely as a result of the patient visit charge.

The following figure shows the percentage change in public use of supplementary practitioners for the past five years.

The figure to the right shows the distribution of medical fee-for-service payments by type of service. As in previous years, visits to general practitioners' offices represented the largest single expenditure which in 1988/89 totalled $352,967,724 (See Table 3 in the Appendix for a detailed breakdown).

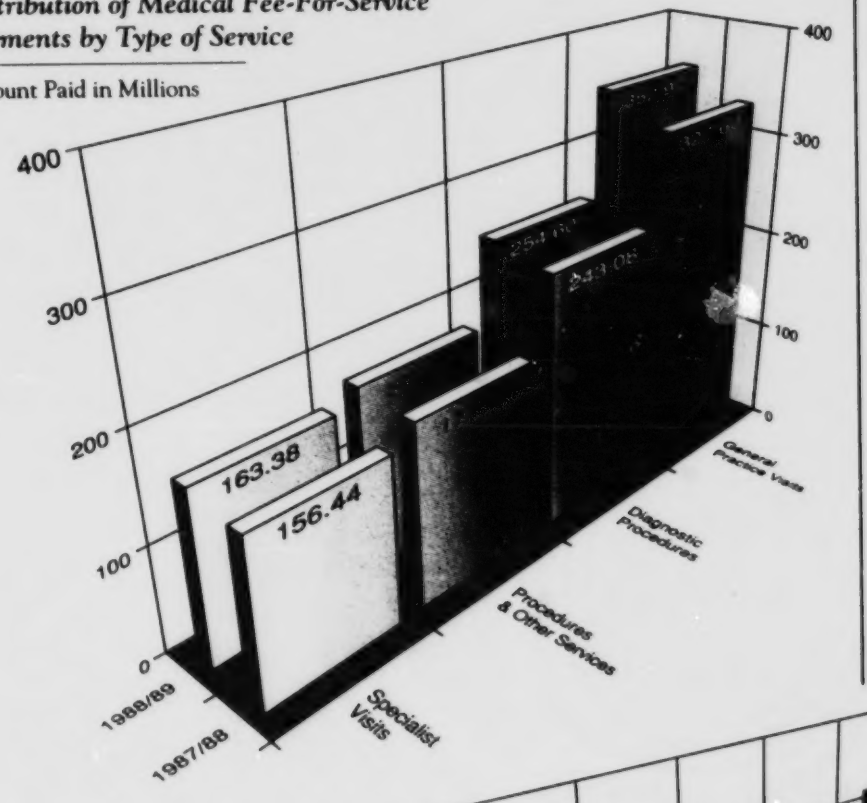
Supplementary Services Percentage Changes in Utilization

1983/84 - 88/89
Change in Percentage

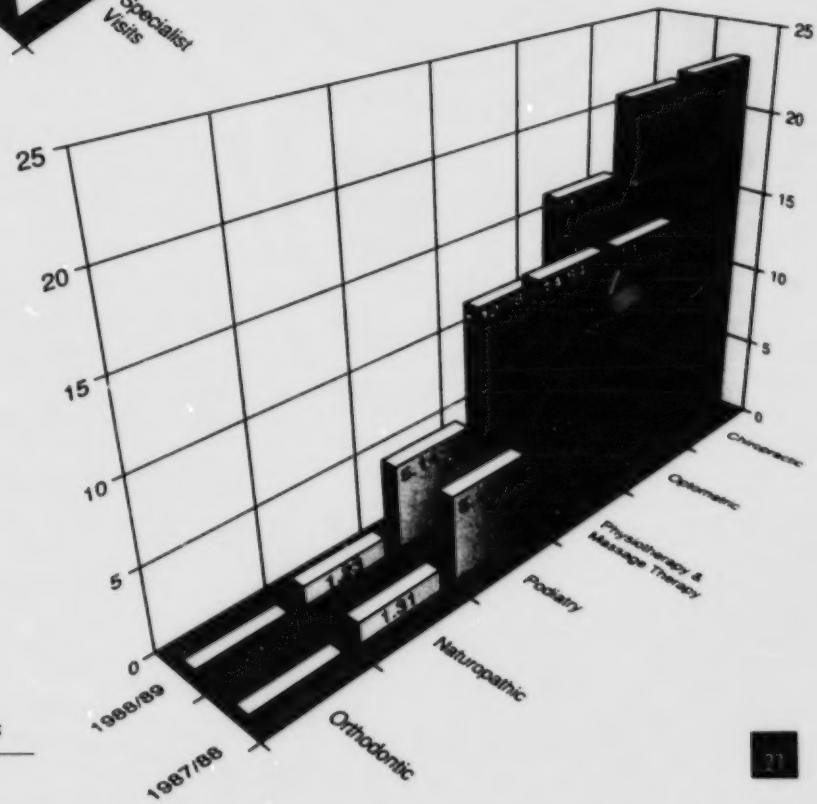


Distribution of Medical Fee-For-Service Payments by Type of Service

Amount Paid in Millions



The following figure shows the distribution of fee-for-service payments for supplementary benefits (See Table 2 in the Appendix for a detailed breakdown).



Distribution of Fee-For-Service Payments for Supplementary Benefits

Amount Paid in Millions

Teleplan

More than 40 million claims per year are submitted by health care practitioners. In order to expedite payment of these claims, in 1988, the Medical Services Plan implemented Teleplan, a computer network which facilitates the electronic submission of claims.

Teleplan allows claims to be submitted 24 hours a day, seven days a week. Benefits include increased accuracy, faster processing of claims from practitioners and electronic checks of subscribers' eligibility for coverage.

Approximately 3,500 health care practitioners use personal computers to submit their claims from 1,600 offices around the Province. Another 1,500 practitioners submit their claims using other electronic media such as magnetic tape.

Salaried and Sessional Programs

Some services provided by physicians do not lend themselves to the usual fee-for-service form of reimbursement. Such services include the care provided in emergency rooms and coronary care units.

The Medical Services Plan provides funds to hospitals and health care agencies for physicians to be paid either a salary, or for each session worked (a session is defined as a minimum of 3.5 hours of service) or on the basis of contract remuneration.

For 1988/89, 1,168 physicians at 178 hospitals/agencies received payments through Salaried and Sessional Programs. The total budget was $51 million.

Bill 41

In May 1985, the Medical Service Act was amended providing authority to the Medical Services Commission to control the issuance of practitioner numbers in order to limit the number of physicians billing the Medical Services Plan, and to improve the distribution of physicians throughout the Province.

When the constitutionality of this amendment (Bill 41) was challenged before the British Columbia Supreme Court, a January 1987 decision upheld the validity of the legislation. This decision was overturned by the British Columbia Court of Appeal on August 5, 1988, thereby rendering the provisions of Bill 41 invalid.

The British Columbia Government applied for a stay of the Order of the Lower Court and Leave to Appeal from the Supreme Court of Canada on September 30, 1988. This application was denied by the Supreme Court of Canada on November 3, 1988.

The Ministry of Health and the Medical Services Plan have strengthened programs to facilitate access to physicians' services in these areas.

Assistance to Rural and Isolated Areas

The Medical Services Plan funds a number of programs to help rural and isolated communities attract and retain physicians. The Northern and Isolation Allowance program pays physicians up to 20 percent more for each service provided than they would receive for providing the same service in urban areas. In 1988/89, 212 physicians in 62 communities were paid over $3 million under this program.

The Northern and Isolation Travel Assistance program provides funds to defray costs of specialists travelling to isolated areas in order to provide services that are otherwise unavailable. In 1988/89, 79 physicians visiting 23 communities received $172,000 in travel costs.

Other funding arrangements are available to communities experiencing difficulty retaining physicians. For example, a salaried or contract position may be arranged, or a physician's income may be subsidized. The Medical Services Plan also funds a Psychiatric Outreach program, and is able to advise communities regarding recruitment processes.

PHARMACARE

The Medical Services Commission administers the Pharmacare Program, assisting permanent residents of the Province with the purchase of the following:

- Most drugs prescribed by a physician, dentist or podiatrist;
- Insulin, needles and syringes for insulin-dependent person with diabetes;
- Glucose strips (to measure sugar levels in people with diabetes) for children under 19 years of age, and for pregnant women with diabetes and women with gestational diabetes who have a valid Certificate of Training in the use of these strips;
- Certain ostomy supplies;
- Designated permanent prosthetic appliances and children's orthotic devices (braces). This benefit requires prior approval.

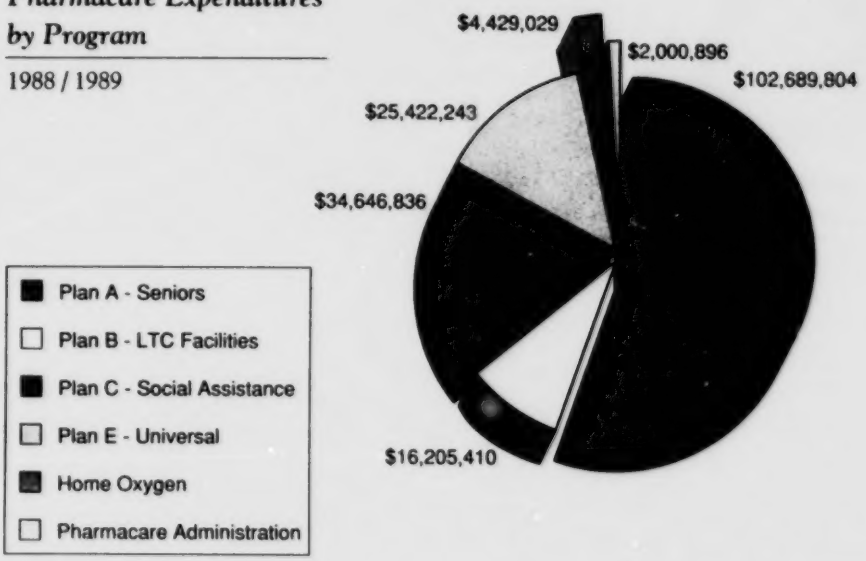
In cases of medical necessity, consideration may be given to reimburse some non-benefit medications.

The costs of all Pharmacare programs for fiscal year 1988/89 totalled $185,394,216. This includes an administration cost of $2,000,896.

Pharmacare benefits are provided under four plans: seniors, residents of long term care facilities, social assistance recipients and the universal plan.

Pharmacare Expenditures by Program

1988 / 1989



Home Oxygen Subsidy Program

Pharmacare administers the Home Oxygen Subsidy Program which provides financial assistance to supply and deliver oxygen to eligible individuals.

COMMUNITY AND FAMILY HEALTH

Community and Family Health was formed through the integration of the Preventive Division and Community Care Services Division. This restructuring under one assistant deputy minister enhanced the ability of the ministry to promote health as a way of life for British Columbians, while focusing on cost-effective, community-based strategies to achieve health objectives.

During 1988/89, Community and Family Health comprised five program areas: Preventive Services, B.C. Centre for Disease Control, Services to the Handicapped, Forensic Psychiatric Services and Mental Health Services.

Staff are dedicated to reducing incidence of disease and health hazards, enabling citizens to receive needed care without institutionalization, while assisting individuals, families and communities to maintain optimum health.

Highlights of 1988/89 include:

- developed a workbook to assist Health Units in compiling data on the health status and priority issues of citizens and availability of appropriate resources. This information will be valuable in planning, implementing and evaluating health programs at the community level.
- launched the Choosing Wellness Program for seniors in communities across British Columbia.
- developed high-risk pregnancy projects in eight communities. They target the difficult-to-reach, high-risk pregnant women in order to reduce the incidence of low birth weight and Fetal Alcohol Syndrome in newborns.
- introduced the Nobody's Perfect Program to provide parenting skills for young, single, low income, isolated and low education parents. This joint project, involving the British Columbia ministries of Health and Social Services and Housing, and Health and Welfare Canada, is the model for Canada.
- formed and chaired a committee of 12 ministries and agencies, to encourage initiatives to strengthen British Columbia families. In collaboration with community agencies, a province-wide network of new family services involving 328 project grants was put in place to support vulnerable families and to improve the capacity of local communities to provide for families.

PREVENTIVE SERVICES DIVISION

The major health problems today are the chronic diseases of middle- and later-age—heart disease, stroke and cancer—all greatly influenced by the environment and life-style choices of each individual. Preventive Services staff identify health problems and then devise and deliver effective programs to promote and enable either maintenance or improvement in health status while encouraging the avoidance of health risks. These goals are served through immunization programs, health inspection, health promotion and education, health screening, contact tracing and investigations as required by the Health Act, Community Care Facilities Licensing Act, and other related legislation.

Direct service is delivered through 16 provincially-operated health units, as well as by municipal and regional health units in Vancouver, North Shore (North and West Vancouver), Richmond, Burnaby, New Westminster, and Vancouver Island's Capital Regional District and by the B.C. Centre for Disease Control (Vancouver).

Programs in the field include public health nursing, public health inspection, community care facilities licensing, nutrition, preventive dentistry, speech and hearing and community health monitoring. Services are provided through the B.C. Centre for Disease Control to address sexually transmitted diseases, tuberculosis control, laboratory testing, government employee health services, radiation protection, kidney dialysis and medical supplies.

Wellness and Health Promotion

Wellness and Health Promotion Branch was established to provide consultation to ministry staff on the development and integration of activities aimed at improving the health status of the population at both the individual and community level.

This program develops demonstration projects which model the use of strategies in planning, implementation, monitoring and evaluation of the project. One example is the British Columbia Heart Health Survey started in March 1989, to determine the percentage of British Columbians at various levels of risk of heart disease. The information acquired provides the first step in developing programs to reduce the incidence of heart disease.

Other programs and activities which typify this work are Choosing Wellness and Seniors' Peer Counselling.

Fitness

The Fitness Branch promotes physical activity and other healthy life-styles through a wellness approach. The approach combines fitness with other key dimensions of wellness through programs and services that encourage personal responsibility and enable the development of supportive environments. Branch programs focus on providing support at both the individual and community level, so that personal efforts in improving health and fitness are supported and reinforced through the family, school, workplace and a variety of other settings.

Program activities focused on seniors, employees susceptible to back injury, children and youth, perinatal groups, sedentary employee groups and the pre-retirement population. Delivery and implementation were achieved through the leadership and facilitation of many groups including: public health nurses, coordinators of pre-retirement seminars, directors of staff education in hospitals, nutritionists, community physiotherapists, workplace health promotion coordinators and teachers, in addition to many other leaders and advocates. Partnerships are also in place with provincial organizations such as the British Columbia Health Association, Canadian Red Cross Society, Alliance for Health and Fitness and other key agencies.

The Fitness Branch provides the lead role within the Ministry of Health for seniors' wellness, workplace health promotion and health curriculum development with the Ministry of Education.

Vision Services

The Vision Services Program provides early identification of possible vision defects through screening programs, referral and follow-up. Program priorities included vision screening service for school-aged children conducted through Health Units by qualified Public Health staff.

Public Health Nursing

Public Health Nursing provides service on a family-centred basis for individuals, families and communities, at home, school, in public health centres and other community-based locations.

A community development approach is fundamental to service delivery. This encompasses: promotion of community support systems in areas of health; individual and community involvement in determining health needs; and establishing public policies conducive to health.

The Child Youth Family Health component provides assessment, risk identification, counselling and health education for expectant parents, newborns, children, youth and families; specialized intensive services for high-risk populations such as women with high-risk pregnancies and families with special needs; and prevention initiatives for families at risk of being involved in child abuse, parents with limited parenting skills and multi-problem families.

The Adult Health component promotes self-responsibility for health, specifically healthy behaviors related to heart health, smoke-free environments and seniors wellness.

The Communicable Disease Control Program provides immunization of children and adults against vaccine preventable diseases, screening, treatment and follow-up of communicable diseases including sexually transmissible diseases, AIDS and tuberculosis.

Under the Strengthening the Family initiatives, funding was provided to promote positive parenting, to assist families with special needs, to increase local participation in identifying community services and to support family independence by helping people meet their own needs.

Nutrition

In late 1988, nine nutritionists were recruited to new positions in various health units. They actively supported community-based initiatives and were involved in a wide variety of nutrition and life-style programs with local groups, agencies and businesses.

Early intervention was emphasized through education programs dealing with prenatal, infant and pre-school nutrition. A simply-written fridge poster, "Baby's First Foods", proved very popular with the public. Programs for school-age children stressed improving nutritional value of foods available in schools and promotion of school food gardens. Educational materials on nutrition and eating skills for people with handicaps were made available for parents and caregivers.

Nutrition programs for adults were also emphasized, notably the launching of the "Shop Smart" program and the initiation of a campaign to promote healthy food choices in restaurants.

Nutritionists were encouraged to work through local media. They authored regular newspaper columns and were often featured on local radio and television. In 1988, the nine-part "Healthy Appetites" television series was produced by the Nutrition Branch in cooperation with the Knowledge Network, British Columbia Medical Association, British Columbia Dietitians' and Nutritionists' Association, British Columbia Heart Foundation and British Columbia Cancer Society.

Nutrition and food service quality in adult and child care facilities continued to be promoted throughout the Province by means of workshops, direct consultations and a manual of food quality guidelines.

Dental Health

The Dental Health Branch focuses on the prevention of oral disease through responsible individual behavior, including the promotion of life-time preventive home-care skills, the encouragement of regular visits to the family dentist, the use of community and self-applied fluorides and good nutritional habits.

Through the Dental Extern service, the branch helps provide dental treatment in areas without dentists. In addition, preventive and treatment services are organized in cooperation with the College of Dental Surgeons of British Columbia for handicapped persons, the elderly and those confined to institutions.

Service is provided by regional teams composed of supervising dental hygienists, staff dental hygienists and certified dental assistants. School screening programs offer opportunities to motivate young people in the prevention and control of dental diseases. Children's teeth are checked and referrals are made to parents if the need for treatment is evident. The value of good dental health is also promoted at perinatal and pre-school programs. As a result of these preventive programs, considerable improvement has been noted in the dental health of children across the Province allowing more staff time to be directed toward the dental health needs of adults.

Speech and Hearing

The goal of speech-language pathologists, audiologists and audiometric technicians in the community health units is to eliminate or measurably reduce the effects of communication disorders related to speech, language and hearing impairments.

With continued emphasis on pre-school children and the prevention of long-term problems, speech-language pathologists provide speech and language services including assessment, treatment and parent education.

Priority audiological services are directed toward early identification and intervention through programs such as the High Risk Hearing Registry, school hearing screening, assessment and (re)habilitation services.

The branch also operated the British Columbia Hearing Aid Program to provide hearing devices in all areas of the Province (some parts of the Lower Mainland excepted) at competitive prices.

Public Health Inspection

Public health inspectors are responsible for identifying unhealthy environmental conditions or practices in the community. Where necessary, prevention strategies are developed and corrective action initiated.

Regular inspections are conducted of all public places. These are aimed at preventing the spread of disease while correcting identified health hazards through instruction, and where required, enforcement procedures.

Public health inspectors also investigate environment-related communicable diseases to determine their cause and prevent future occurrences. Diseases of concern include illnesses transmitted through food, water and air, and those carried by insects and larger animals.

An immediate response to disasters and emergencies affecting public health is also a responsibility of the public health inspector.

Community Care Facilities

The Community Care Facilities Branch was established in May 1988, to ensure the health, safety and care of children and adults in licensed facilities. This mandate is fulfilled through administrative and program leadership for both child and adult care facility licensing programs.

Regular inspections by licensing officers ensure that health and safety standards are maintained in all community care facilities and quality care is provided in licensed day cares. Assessment of the care provided in residential facilities is carried out using a team approach with the appropriate program.

Licensing officers follow up on all reports of abuse and hazardous situations to initiate corrective action, and develop preventive strategies where appropriate.

Through the branch and licensing officers, consultation and guidance is provided to licensees and others regarding development and operation of facilities, and to provincial/municipal authorities regarding policies to promote quality child and adult care.

Office of the Provincial Health Officer

As the senior medical health officer of the Province, the Provincial Health Officer has legislative responsibility for the professional supervision of medical health officers with regard to their duties under the Health Act and Regulations, and the School Act, to protect the health of the public. In addition, the Provincial Health Officer assumes legal authority and duties delegated under the Health Act by the Minister of Health as required, and oversees recruitment, training of Medical health officers and their recommendation to Union Boards of Health.

Reporting to the assistant deputy minister, Community and Family Health, and as a member of the management team, the Provincial Health Officer advises on matters pertaining to the public's health. The public health officer receives significant health data which is assembled, analyzed and reported by specialized staff including a consultant epidemiologist. Areas of particular interest are communicable disease control, environmental health, disease prevention, wellness promotion and community care facilities.

Epidemiology
(Non-Communicable Diseases)

The Epidemiology Program reviews, analyzes and reports on the occurrence and distribution of disease, with emphasis on chronic disease and life-style risks to health. Staff in this unit provide consultation services on research and statistics in disease prevention and health promotion, and regularly compile Disease Surveillance, a publication that reports on current health topics and on the incidence of communicable disease.

B.C. CENTRE FOR DISEASE CONTROL

The B.C. Centre for Disease Control (BCCDC) provides a variety of services from offices in Vancouver. These include health laboratory testing, sexually transmitted disease control, tuberculosis control, government employee health services, medical supply services (kidney dialysis service), and radiation protection services. The headquarters and central service facilities in Vancouver include registries for venereal disease, tuberculosis and kidney dialysis.

Provincial Laboratories

The Provincial public health laboratories provide routine reference, referral and consultative services to investigate, diagnose, treat and control communicable diseases and for amelioration of environmental problems. In addition to the main laboratory in Vancouver, service is provided in Victoria at the Royal Jubilee Hospital (under grant funding from the main laboratory) and in Nelson by contract with the Kootenay Lake District Hospital.

Services include medical advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, and related immunology, serology and environmental microbiology. These services are available to registered physicians, hospitals, health units and health-related agencies at all levels of government.

Sexually Transmitted Disease Control

The Sexually Transmitted Disease Control Branch focuses on controlling the spread of sexually transmitted diseases throughout the Province. Its programs consist of four major areas: (1) training, updating and consultation for public health nurses; (2) treatment for sexually transmitted disease provided through physicians, health units and clinics; (3) a central clinic in Vancouver for treatment, reference and referral; and (4) a street-based program for AIDS and STD education, prevention and management.

Tuberculosis Control

The Tuberculosis Control Branch directs tuberculosis prevention and treatment in British Columbia. In addition to providing various levels of out-patient care, the branch offers consultative services to private physicians, agencies and the public, and advises health units regarding contact tracing of active cases, supervision of cases under treatment, preventive measures, screening and surveillance. The branch also coordinates interventions with other provinces, and is on contract with Health and Welfare Canada to control tuberculosis among Native Indians.

Medical Supply Service
(Kidney Dialysis Service)

The Medical Supply Service supports the needs of patients receiving specialized home maintenance care. The service's core operation is kidney dialysis in which all home and community dialysis procedures are supported (i.e. hemodialysis, CAPD, peritoneal cycler). In addition, medical and nutritional supplies are coordinated to address hemophilia and parenteral and enteral nutrition. These services are conducted in close cooperation with the patient's originating hospital, as well as with quality assurance and provincial advisory committees.

Government Employee Health Services

Government Employee Health Services is responsible for occupational health service to employees of the provincial government, B.C. Ferry Corporation, B.C. Buildings Corporation and the Emergency Health Services Commission. The focus is to promote good health and safe working practices ensuring that employees are able to perform their assigned tasks safely, and to assist in assessment, rehabilitation and monitoring of ailing or injured employees. The branch works closely with senior management of ministries and Crown corporations as well as with the Federal Government, Worker's Compensation Board, practising physicians and many other health care agencies.

Radiation Protection Services

The Radiation Protection Services Branch is the government's authoritative point of reference concerning radiation hazards that may affect the public and workers in British Columbia. Staff conduct inspections of medical, industrial and research x-ray devices, as well as lasers, ultraviolet, microwave and radio frequency systems. The branch's laboratory staff perform analyses for the assessment of man-made and natural radiation hazards in the environment.

Epidemiology
(Communicable Diseases)

Epidemiology Services monitors and investigates the occurrences of infectious diseases such as influenza, measles, hepatitis and salmonellosis threatening public health in British Columbia.

Staff assist health units to detect and evaluate trends of infectious disease, determining conditions which may cause outbreaks, recommending and initiating public health control procedures for reducing the spread of diseases, and developing strategies to prevent further outbreaks. They also monitor occurrences of adverse reactions to vaccines and communicate their findings to public health officials, institutions and the general public along with current information on communicable diseases.

The branch is a key source of consultation for those involved in communicable disease prevention, control and research, maintaining close liaison with other areas of the BCCDC, health units and the Laboratory Centre for Disease Control in Ottawa. Through its activities, the branch fosters cooperation with physicians, relevant medical personnel, universities and other provinces. In conjunction with the University of British Columbia, it also serves as a training site for Federal Field Epidemiologists.

SERVICES TO THE HANDICAPPED DIVISION

The Services to the Handicapped Division was established in May 1986, to develop and fund community-based programs and services for multiple handicapped adults and hospitalized children requiring extended care levels of service delivery.

The principal focus is directed toward individuals who have previously lived in various institutional settings throughout the Province. The division's objective is to provide appropriate assistance to integrate clients into community settings. Residential and day support programs are the primary methods of ensuring a better quality of life experience.

A number of individuals with both physical and mental handicaps still reside in Glendale Lodge and Woodlands. In consultation and cooperation with the Ministry of Social Services and Housing, the division works to coordinate and develop community-based options for these residents. During 1988/89, ministry funding allowed 40 more adults to move into community-based residences, bringing the cumulative total to 120.

Funding was continued for Glendale Lodge, a society-operated residential care facility for mentally handicapped adults. Glendale Lodge provides support, including assessment, respite, day care, audiological services and travelling clinics to individuals and service providers on Vancouver Island.

The Associate Family Program was created to allow children with complex health care needs, who reside in hospital facilities such as Queen Alexandra and Sunny Hill, to enjoy a more normal life with care-giving associate families in the community. This program encourages natural families to remain actively involved with the planning and care of their children without relinquishing guardianship responsibilities. During 1988/89, the division made arrangements to place an additional 10 children in associate family homes, bringing the total number of children to 30.

The Resource Line, a toll-free telephone line (1-800-742-1820), provides assistance and direction to British Columbia residents regarding services available for people with handicaps. The line is particularly helpful in assisting callers to locate additional services once they have exhausted resources at the local level. A primary objective is to enable people unfamiliar with government to locate the appropriate government agency to deal with their specific concerns.

In addition, the Resource Line serves as a valuable source of information for the Government regarding the concerns of individuals with handicaps and the effectiveness of programs designed to serve them.

The Special Care Services Branch encompasses three components: the Children's Early Intervention Program, General Grants and Rural Health Services. The Children's Early Intervention Program provides funds to approximately 28 agencies which provide speech and occupational therapy, physiotherapy and/or family support services to children up to six years of age with special needs, and to their families. Over 2,600 children received services under the program.

In addition, a travelling outreach team provides specific services such as behavioral management and seating clinics that are otherwise unavailable to northern communities. The General Grants Program provides funding to agencies for programs and services that complement the objectives of the major programs funded within the ministry. Local delivery of community health services in rural, often remote areas of British Columbia is supported through the Rural Health Program.

FORENSIC PSYCHIATRIC SERVICES COMMISSION

The Forensic Psychiatric Services Commission operates in the Province under the Forensic Psychiatry Act (1982). The commission provides:
(a) court-ordered psychiatric and psychological assessments, diagnosis and treatment;
(b) assistance to correctional authorities in handling their cases; and
(c) research and education programs with respect to diagnosis and care of forensic psychiatric patients.

The commission oversees a number of facilities, each designed to meet specific areas of need for adults and young persons. These facilities are staffed by multi-disciplinary professional teams consisting of qualified psychiatrists, psychologists, psychiatric nurses, social workers, rehabilitation and vocational therapists.

Services are provided through Adult Services, Juvenile Services to the Courts and The Maples Adolescent Treatment Centre.

Adult Services provides assessment and treatment services on an inpatient basis at the Forensic Psychiatric Institute, a secure 151-bed facility located in Port Coquitlam, and on an outpatient basis at permanent clinics in Vancouver and Victoria. Travelling clinics make monthly visits to Prince George and Kamloops, while treatment for adult sex offenders is provided in some areas of the Province through Adult Forensic Outpatient Services.

Juvenile Services to the Courts provides assessment services requested under the Young Offenders Act on an inpatient basis in Burnaby. Assessment and treatment services are provided on an outpatient basis through clinics in Burnaby, Victoria, Prince George and Kamloops. Treatment for adolescent sex offenders is provided through the Burnaby clinic of Juvenile Services to the Courts.

The Maples Adolescent Treatment Centre in Burnaby is a designated mental health facility which provides secure and residential treatment for psychiatrically ill adolescents. Referrals are accepted from ministries of the Provincial Government and professionals in medical and mental health services pursuant to the Mental Health Act or Young Offenders Act. Young persons found "unfit to stand trial" or "not guilty by reason of insanity" are admitted to the centre for treatment. Educational programs are provided on site by the Burnaby School Board in cooperation with the Ministry of Health. A pilot project is underway to provide assessment of children and their families who are before the court under the Family and Child Services Act.

Program Support Services provides services for the executive director and program directors, involving research and evaluation to assist in policy and program development, information systems development, program evaluation, clinical research and financial management support.

MENTAL HEALTH SERVICES DIVISION

The mission of the Mental Health Services Division is to ensure that comprehensive and effective care is made accessible to British Columbians with mental illness. This is accomplished by direct service delivery and through overall coordination of services delivered by other divisions, ministries and private agencies.

Services to the demographic groups, (adult, elderly and child and youth) are delivered through a variety of community outpatient and inpatient settings.

Adult Services

Adult Services are provided in four categories: Inpatient Services, Mental Health Centre outpatient services, community residential programs and rehabilitation services.

Inpatient Services

Riverview Hospital, operated by the British Columbia Mental Health Society, provides medium to long term care for 1,000 of the Province's most seriously mentally ill residents. As a result of a recent public consultation process, however, proposals have been made to replace this institution with a range of smaller, regional psychiatric inpatient facilities, combined with community outpatient and support services.

Burnaby Psychiatric Services operates a 25-bed short term inpatient unit integrated with local services. At any given time, there are approximately 700 acute psychiatric inpatient beds operated by general hospitals as part of the mental health care system, but not under the direct auspices of Mental Health Services.

Mental Health Centre Outpatient Services

Adults with mental illness who do not require hospitalization are provided assessment, stabilization, longer term treatment, rehabilitation, case management and monitoring through local Mental Health Centres. Programs are directed centrally and managed regionally through 58 centres and sub-offices located in five regions: Fraser Valley/North Shore, Vancouver Island, the North, Okanagan/Kootenays and Burnaby Psychiatric Services. Comprehensive services in Vancouver/Richmond are provided under contract by the Greater Vancouver Mental Health Services Society. Mental Health Centre staff also provide local service coordination and community education programs targeted at maintaining optimum mental health in the community.

Community Residential Programs

A wide variety of supported community living situations ranging from semi-independent, apartment-style residences to specialized long term care facilities are available to provide cost-effective care for mentally ill persons within the community. The continued expansion of these services is a core component of a successful process leading to increased community living. By year end, over 2,100 group homes were funded throughout the Province, concentrated primarily in the Lower Mainland.

Rehabilitation Services

A wide variety of day rehabilitation programs are provided through a network of funded agencies. Ranging from vocational and therapeutic volunteer schemes, to instruction in basic life and social skills, these programs form an integral part of the normalization and socialization process for people with mental illness.

Services to the Elderly

For the mentally ill elderly, treatment services are provided either in acute care wards of general hospitals, Riverview Hospital or in local continuing care facilities when longer term nursing care is required. Psychogeriatric assessment and outpatient treatment teams operating out of Mental Health Centres provide community consultation services to develop and strengthen local services. In Victoria and in the Okanagan Kootenays, teams are developing community support programs for individuals living in their own homes and for families providing care for their elderly relatives.

Child and Youth Mental Health Services

Services delivered include clinical assessments; individual, family and group treatment; clinical program consultation; coordination of other delivery system components such as hospitals, community agencies and other ministries; and professional and public education programs. Contracted agencies provide specialized assessment and treatment services such as suicide intervention, psychiatric outreach, residential consultation and activity group therapy. Service provision is based on the premise that early intervention will encourage optimum development, strengthen the capacity of families to provide support for their children and reduce the consequences of distress and disability.

INSTITUTIONAL SERVICES

AMBULANCE SERVICE

The Emergency Health Services Commission was established in July 1974 to provide ambulance services to the Province.

The British Columbia Ambulance Service (B.C.A.S.) is divided into eight administrative regions that coincide with the Province's economic development regions. Regional management centres under the direction of a Chief Superintendent are located in Vancouver, Victoria, Kamloops, Terrace and Prince George. Dispatch Centres are located in Kamloops, Vancouver and Victoria. In a few isolated areas, calls are received and dispatched locally. The Provincial Dispatch Centre, located in Victoria, co-ordinates long distance movement of patients by road and air.

The B.C.A.S. operates 190 stations in 172 communities across the Province. During 1988/89, the service responded to 291,725 ambulance calls, representing an increase of 12 percent over the 1987/88 call volume.

Where possible, operations are confined to the Province. However, in certain instances because of geographic locations (such as those adjacent to the Alberta border) patients will be taken to Calgary or Edmonton hospitals at no additional charge.

Conventional ambulance services are provided by a fleet of 359 ambulances and 14 support vehicles. Air ambulance services are provided by the British Columbia Air Services Branch and supplemented by charter aircraft when required. A permanent Airvac crew, consisting of Advanced Life Support and Infant Transport Team members, is stationed in Vancouver where most calls originate or terminate.

Ambulance user fees are established by Order-in-Council. The resident fees in 1988/89 were $35 for the first 40 km plus 35¢ per km after 40 km travelled, up to a maximum of $216. Non-residents, or those not covered as a beneficiary under the Hospital Insurance Act, were charged $100 plus $1.75 per km travelled.

In 1988/89, the Ambulance Service employed on a full-time basis 720 ambulance attendants, 7 trainers, 63 dispatchers and 76 administrative and management personnel. An additional 2,000 or more part-time ambulance attendants who work on a call-out basis completed the work force.

Ambulance service employee training was provided under contract by the Emergency Health Services Academy of the Justice Institute of British Columbia. The academy provided 20,879 days of instruction at a cost of $1,569,619.

Three levels of training were provided to service employees: Emergency Medical Assistant I, 80 hours of training; Emergency Medical Assistant II, 240 hours of training; Emergency Medical Assistant III, consisting of up to 18 months of special training.

The Health (Emergency) Act was amended in 1989 providing for the establishment of the Emergency Medical Assistant Licensing Board to offer a greater separation between the employment and licensing functions of the Ambulance Service. The position of Registrar of Licensing was also established.

The Commission expanded its review of low call-volume stations, resulting in the transfer of some personnel to other areas. During the year, ambulance accommodations continued to be upgraded or relocated to more suitable locations.

Considerable progress was made in the development and implementation of a program to improve and expand operational communications and dispatch systems throughout the Province. The Computer Aided Dispatch (C.A.D.) system is being installed in all three regional dispatch centres, and is scheduled to be fully operational by the summer of 1990.

The B.C.A.S. members worked actively with local communities in encouraging citizen participation in pre-hospital care. Examples of this activity included training public in cardio-pulmonary resuscitation (CPR), school visits, distribution of children's emergency colouring books, information pamphlets and an active public relations program including mall displays. This year a slide/video presentation describing the British Columbia Ambulance Service was completed and copies were routinely distributed for promotional purposes. It was well received at the American College of Surgeons meeting in Vancouver and at the Interphase Conference in Banff.

CONTINUING CARE DIVISION

The Continuing Care Division consists of the Long Term Care and Direct Care (Home Nursing Care and Community Physiotherapy) Programs. These programs integrate health care services for acutely ill, handicapped and infirm people of all ages, especially the elderly, into a single comprehensive range of services. The philosophy of the Continuing Care Division emphasizes the role of family and community by involving family, wherever possible, and by providing services to the extent that the individual and his/her family are unable to cope within their own resources.

The Long Term Care Program is designed to assist adults with long term, health-related problems maintain an optimal level of independent functioning. Services may be provided in the home (homemaker services), the community (adult day care centres and group homes) or in a residential setting. The Continuing Care Division refers clients to appropriate agencies or programs and purchases services on behalf of individuals eligible for long term care program benefits.

Within the Direct Care services, the Home Nursing Care Program provides nursing care for patients who are discharged early from hospital, who require home nursing care services as an alternative to admission to an acute care hospital, who are terminally ill or who require in-home nursing services for chronic illnesses and disabilities. The Community Physiotherapy Program provides direct treatment, consultative and preventive services to clients in their homes, arranges provision of required equipment to cope with physical disabilities and trains family members in assisting clients. Direct Care services are provided to people of all ages.

The nature of the division necessitated the establishment of a regionalized system of management and a community-based service delivery system. The functions retained at the Ministry of Health Victoria office are overall policy direction and control.

Within this regional system, local programs are delivered at the community level through 16 provincial health units, four municipal health departments and one regional district. Field administrators based in each of the 21 local offices are responsible for co-ordinating and administering programs in the community. This responsibility includes identifying service needs, developing societies or volunteer groups, providing and co-ordinating services and resources within the community, and liaising with some 400 residential and 200 home support agencies across British Columbia.

Homemaker services were provided to 5 percent more clients in 1988/89 through the Long Term Care Program than in the previous year.

Six percent more clients received Community Physiotherapy and Occupational Therapy services, while 2 percent more clients received Home Nursing Care services through Direct Care Programs.

The division continued to address wage disparity issues within the non-union long term care industry by allocating additional funding to strengthen the home support industry.

Three program developments took place during the year. A global funding system for long term care facilities was introduced allowing more flexibility and responsibility in the residential care sector. Simultaneously, quality of care standards for residential care facilities were developed and are being tested across the Province for future implementation. The recently developed Continuing Care Act will formalize the division's role and authority with respect to service providers and clients.

The Continuing Care Division participated in two new initiatives in the 1988/89 fiscal year. First, it provided funding of approximately $1.5 million for the operation of four Quick Response Teams. These identify and prevent unnecessary hospital admission and facilitate earlier discharge of clients who no longer require acute care treatment. Secondly, the division worked closely with the Victoria Health Project which examines community-based innovations to improve the health of the frail elderly within the Capital Regional District.

These initiatives will provide the Continuing Care Division with new information on integration, coordination and delivery of effective, efficient and appropriate services.

HOSPITAL PROGRAMS DIVISION

Hospital Programs Division oversees the operation of acute care, rehabilitation and extended care hospitals in British Columbia. This division operates as a funding agency, leaving the practical responsibility for facility operations with the institutions. Although ultimate responsibility rests with the Minister of Health, an arms length relationship is maintained with the facilities. Hospital Programs' mandate is to ensure that the provincial government receives value for the funds expended and that each hospital's output justifies allocated funding.

The division monitors quality of care; develops long range capital plans; monitors, reviews and adjusts facility funding allocations; and provides an investigative service with regard to specific concerns about the delivery system itself. Hospital Programs works closely with hospital facilities to encourage the introduction of innovative management and staffing techniques, particularly those associated with multi-unit management and cost-shared services and equipment.

Provincial funding for the operation of acute care and extended care hospitals is provided pursuant to the Hospital Insurance Act. The total allocation of operating grants covers 83.3 percent of hospitals' expenditures. The balance of hospitals' gross expenditures is met by other income sources, including co-insurance charges to extended care patients, as well as income from other agencies such as the Workers' Compensation Board and Medical Services Plan. No operating funds are requisitioned from local municipalities, although hospitals do receive donations which may be used at their discretion.

Since 1982, ministry funding has been allocated on a global basis whereby hospitals receive no adjustments for either deficits or surpluses. Quarterly reviews of each facility's performance are conducted, and adjustments to funding are made on a prospective basis to recognize workload changes and the hospital's efficiency, length of stay by patients, and other factors affecting the cost per weighted patient day in comparison to peer hospitals.

Funding for hospital equipment is designated under the Hospital Insurance Act (and Regulations) and administered through the Equipment Grants Secretariat of Hospital Programs Division. Hospitals are allocated blocked amounts twice annually to cover acquisitions of items costing $10,000 or less (items costing $500 or less are funded by hospitals from their operating funds). Additional equipment grants are paid as follows: 75 percent of total cost for imaging and laboratory diagnostic equipment; 33.3 percent of total cost for other equipment; and 100 percent of total cost of equipment for designated provincial referral services.

Capital funding is grouped into four categories:

- Major projects normally refers to projects with a value of $1 million or more. Funding is shared 60 percent by the province and 40 percent by the regional hospital district;
- Treasury Board minor projects that cost between $100,000 and $1 million or more. Funding is shared 60 percent by the province and 40 percent by the hospital or regional hospital district;
- Minor capital projects that cost between $1,000 and $100,000. Funds are provided 60 percent by the province and 40 percent by the hospital or regional hospital district;
- Energy conservation projects that meet a five-year pay back criterion (from $500 to $75,000) are funded 100 percent by the Province.

Hospital Programs was reorganized in 1987 resulting in three branches: Medical Consultation, Equipment Grants Secretariat and five Regional Teams. Institutional Management Resources and Support Services and Facilities, and Planning and Construction are now separate divisions of Institutional Services and are headed by executive directors, though they continue to work closely with Hospital Programs.

The regional teams provide necessary ministry contact with hospital boards and administration, ensure adherence to quality of care and safety standards, and perform quarterly monitoring of hospital operations and financial allocations. This includes investigating anomalies and providing recommendations for their resolution, as well as making recommendations for operating costs, capital costs, capital construction and equipment purchases. Inter-active relationships with the following groups are thus ensured:

- Hospital boards - Hospitals are owned and operated by self-governing, autonomous societies or corporations. Their boards of management are responsible for policies, day-to-day operations and planning with the ministry to establish the roles of their facilities.
- Administrators - The majority of hospitals operate under an administrator responsible for day-to-day operations of one or more facilities. These facilities may offer different levels of service.
- B.C. Health Association - This is a voluntary agency made up of hospital trustees and administrators. Hospital Programs maintains an active role in several functions with the BCHA including participation on several committees. Proposed major policy changes under consideration by the ministry are normally discussed with the BCHA prior to implementation.
- B.C. Medical Association - The ministry works closely and cooperatively with the BCMA through continuing advisory subcommittees (CASC), temporary advisory subcommittees (TASC), and other special committees. These committees have a mandate to assess the types and appropriateness of specific services, as well as to make recommendations on provincial objectives and policies.
- University of B.C. Medical Faculty - A close, informal working relationship is maintained on a number of general issues. Formal coordination includes joint provincial committees on interns and residents, as well as on medical manpower.
- Medical Appeal Board - The ministry maintains an active support relationship with this board consisting of representatives from the College of Physicians and Surgeons, BCMA, BCHA, College of Dental Surgeons and five appointees of the Minister of Health.
- Other - Hospital Programs also maintains an active relationship with the following groups which receive funding separately from that allocated to hospitals: Canadian Red Cross, Health Labour Relations Association, the Arthritis Society of B.C., B.C. Drug and Poison Information Centre, the B.C. Health Care Systems Society and the B.C. Transplant Society.

In addition to these relatively formal interface mechanisms, Hospital Programs assumed an active informal role in encouraging co-operation between the ministry and the field. These initiatives included major seminar presentations to BCHA, B.C. Institute of Chartered Accountants and the Union of B.C. Municipalities (Regional Hospital Districts); site visits by the regional teams; and travelling presentations to explain financial policies and procedures.

INSTITUTIONAL MANAGEMENT RESOURCES DIVISION

Institutional Management Resources Division (formerly known as Institutional Administration and Support Services) was reorganized in October 1988, to advise and assist Institutional Services' management to obtain the tools and resources required to effectively deliver programs.

This is accomplished by three branches, each managed by a Director reporting to the Executive Director:

Institutional Information Resources advises and assists management to identify information needs and potentials, and develops and implements strategies for satisfying those needs.

Institutional Funding and Analysis advises and assists management to develop and implement financial systems and procedures required to appropriately allocate available financial resources. The branch also maintains an accurate and timely record of commitments against those financial resources, providing the information necessary for sound financial management.

Institutional Administration advises and assists management in policy development and analysis, administration systems and procedures and specialized administrative services.

Over the current fiscal year and during the next few years, Institutional Management Resources has taken and will continue to take a lead role in ensuring that the ministry managers have the information, policy and funding frameworks in place to support:

- equitable distribution of available funding;
- informed decision-making on the approval of new beds and/or programs; and
- identification and/or reward incentive for those providing efficient, high quality care.

Similarly the division attempts to ensure that these frameworks assist service providers to manage appropriately, while providing the best health care available.

FACILITIES PLANNING & CONSTRUCTION DIVISION

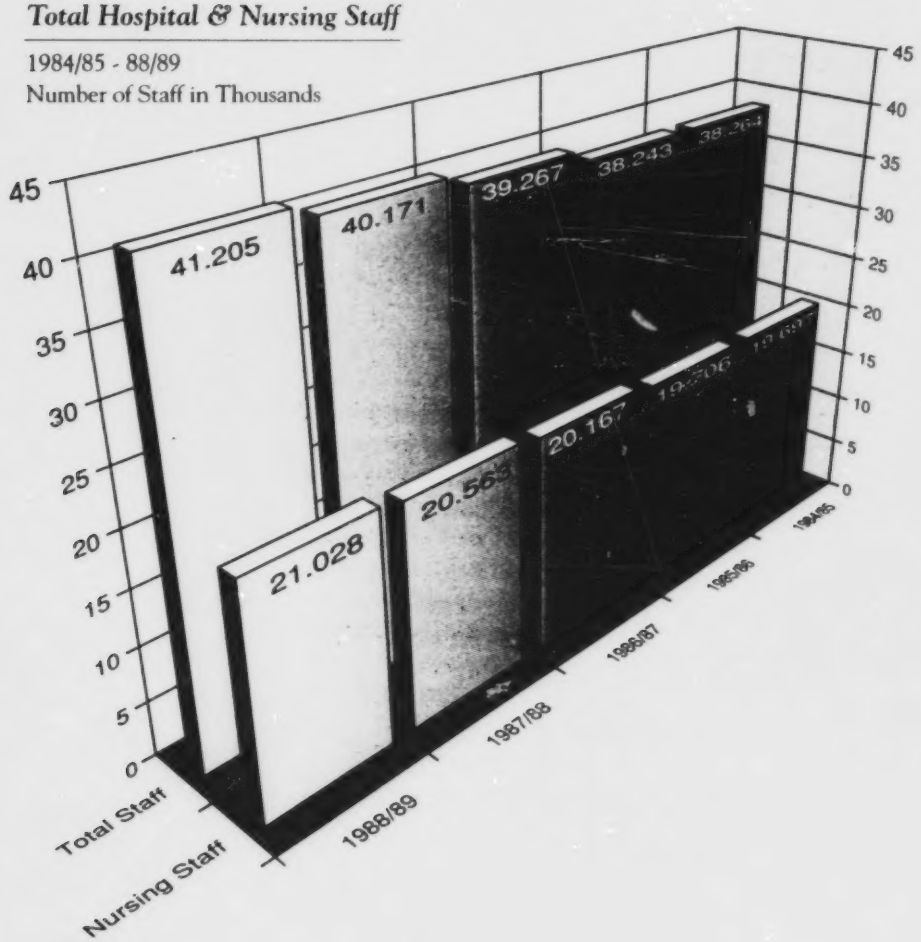
The Facilities Planning and Construction Division is accountable to the assistant deputy minister, Institutional Services, providing direction and coordination of facility development and maintenance. Major responsibilities include capital planning on an annual and five-year basis, coordination of regional planning and the review and direction of functional programming, design, construction and cost control for acute, extended care, diagnostic and treatment centres and intermediate care facilities in the Province.

The division provides professional, technical and administrative expertise in planning and construction processes in concert with the Regional Teams of Hospital Programs and Continuing Care. Together, the divisions develop, direct and coordinate individual programs which will produce economical, efficient and up-to-date facilities to meet the ever-changing patterns of health and hospital care.

Staff members serve on liaison and working committees between government departments and with regional and facility administrators. They participate with organizations and associations in the development of matters related to health facility planning and construction.

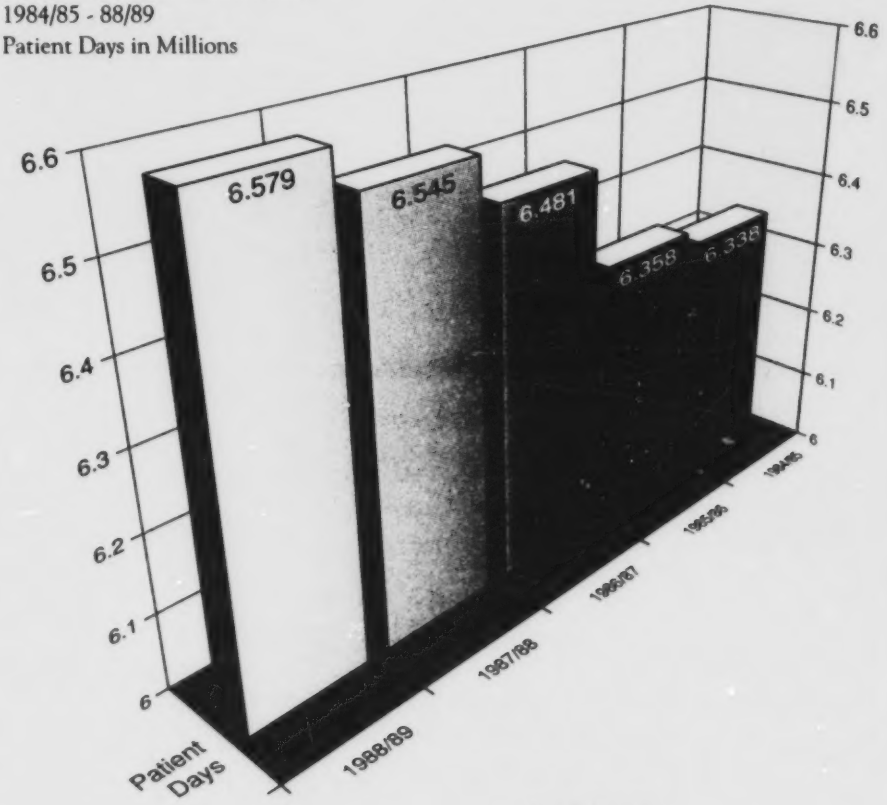
Total Hospital & Nursing Staff

1984/85 - 88/89
Number of Staff in Thousands



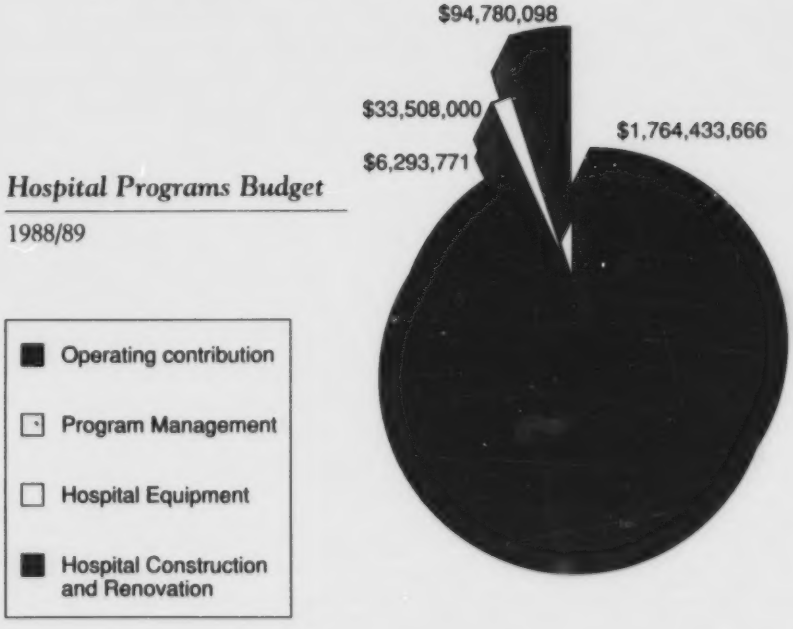
Patient Day Comparison

1984/85 - 88/89
Patient Days in Millions



Hospital Programs Budget

1988/89



The division's obligation to ensure that public funds are being utilized to provide high-quality, cost-effective institutional care facilities is made specially challenging by the fact that the Province's hospitals and many continuing care services are operated by voluntary, autonomous boards. In addition, most, if not all, of the division's service costs are demand-driven. Consequently, an integrated approach is essential to facilities planning, which spans the entire continuum of care for maximum utilization of facility options.

In 1988/89, the Facilities Planning and Construction Division was responsible for the coordination, development and direction of approved projects amounting to $597,000,000 which were in various stages of planning and/or construction.

Highlights for 1988/89 include:

- British Columbia continues to have one of the highest rates of kidney transplantation in Canada. In 1988/1989, 142 were performed in the Province. A multi-organ program to include heart, lung and liver transplants was also introduced in the fall of 1988, and plans were underway for heart-lung transplants to start in the summer of 1989. The bone marrow transplant unit at the Cancer Control Agency of the B.C. Vancouver General Hospital has become one of the biggest and most highly regarded programs in Canada for patients suffering from leukemia. The B.C. Transplant Society continued to expand the organ harvesting program and to operate a successful public awareness program promoting organ donation.
- Breast cancer is the leading cause of cancer-related deaths among Canadian women. Screening for breast cancer by the use of mammography can decrease the death rate significantly. In 1988, the first breast screening program in Canada was established in British Columbia through a single agency, the Screening Mammography Program of B.C. (S.M.P.B.C.). A pilot project opened at the A. Maxwell Evans Clinic in Vancouver in July 1988, and by year end operated at maximum capacity of 50 women per day. Plans were established for development of several screening centres, including mobile vans, throughout the Province over the next few years. In conjunction with the Screening Mammography Program, Hospital Programs began upgrading the mammography equipment in hospitals.
- In August 1988, the Nurse Manpower Study was made public by the Minister of Health. One of the issues discussed in the study was the ongoing shortage of critical care nurses in the Province's acute care hospitals. In response to the study's recommendations, Hospital Programs provided $557,000 for critical care nurses training. Participating hospitals benefiting from this funding were Vancouver General Hospital, St. Paul's Hospital, the Fraser-Burrard Hospital Society and the Greater Victoria Hospital Society.
- Hospitals in British Columbia continue to offer leading-edge technology for their patients. In 1988, Vancouver General Hospital acquired an Biliary Lithotriptor, a machine that uses shock waves to break gall stones without surgery. This is one of only two Biliary Lithotriptors operating in Canada.

STATEMENT OF EXPENDITURES

MINISTRY OF HEALTH

Expenditure by Principal Programs

For the Fiscal Years 1987/88 and 1988/89

	1988/89	1987/88 Restated
Statutory - Financial Administration Act		
(Veterans' Hospital Agreement)	$ 0	$ 11,710
Minister's Office	279,466	220,502
Ministry Operations		
Administration & Support Services	61,264,166	70,738,268 [1,2]
Preventive Services	56,458,111	55,604,065
B.C. Centre for Disease Control	14,529,805	13,584,324 [3]
Forensic Psychiatric Services	19,982,689	19,064,174
Alcohol and Drug Programs	0	23,087,276 [4]
Mental Health	143,424,564	125,760,998 [5]
Services to the Handicapped	29,120,598	27,728,665
Hospital Programs	1,895,759,815	1,736,874,525
Continuing Care Services	364,721,127	330,361,583
Emergency Health Services	63,980,411	58,594,765
	2,649,241,286	2,461,398,643
Medical Services Commission & Pharmacare		
Medical Services Commission	1,095,113,465	1,026,154,046
Pharmacare	185,394,216	162,502,105 [1,3]
	1,280,507,681	1,188,656,151
TOTAL	3,930,028,433	3,650,287,006

1 Prior to April 1, 1988, Pharmacare administration was provided by Administration and Support Services. Effective April 1, 1988, administration responsibilities were transferred to Pharmacare.

2 The Division of Vital Statistics was transferred from Community Care Services to Administration and Support Services on April 1, 1988.

3 The Home Oxygen program was transferred from B.C. Centre for Disease Control to Pharmacare on April 1, 1988.

4 The Alcohol and Drug program was transferred to the Ministry of Labour and Consumer Services on April 1, 1988.

5 Prior to April 1, 1988, the management and operation of Riverview Hospital was provided by Mental Health. On April 1, 1988, these responsibilities were transferred to the British Columbia Mental Health Society. Financial contributions are provided to the Society by Mental Health.

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

Balance Sheet

as at March 31, 1989
(thousands of dollars)

	1989	1988
ASSETS		
Cash	$ 7,163	$ 7,065
Accounts receivable	3,710	4,625
Due from the Province of British Columbia	102,697	162,383
	113,570	174,073
LIABILITIES		
Accounts payable	3,914	1,432
Unpaid claims (Note 3)	109,656	102,603
Premiums received in advance	----------	70,038
	113,570	174,073

The accompanying notes are an integral part of these financial statements.
On behalf of the Commission: Dr. C.B. Henderson, Chairman

AUDITOR'S REPORT

To the Chairman of the
Medical Services Commission of British Columbia, and
To the Minister of Health
Province of British Columbia:

I have examined the balance sheet of the Medical Services Commission of British Columbia as at March 31, 1989 and the statement of operations for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1989 and the results of its operations for the year then ended in accordance with the accounting principles described in note 2 to the financial statements applied on a basis consistent with that of the preceding year.

GEORGE L. MORFITT, F.C.A.
Auditor General
Victoria, British Columbia
June 27, 1989

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

Statement of Operations

for the Year Ended March 31, 1989

(thousands of dollars)

	1989	1988
REVENUE		
Subscribers' premiums (Note 4)	$ ----------	$ 421,154
EXPENDITURE		
Service costs		
Medical care	1,011,377	942,162
Supplementary care	57,061	59,627
	1,068,438	1,001,789
Administration		
Data processing	9,147	7,599
General office	4,705	3,608
Salaries	12,823	13,158
	26,675	24,365
	1,095,113	1,026,154
Excess of expenditure over revenue	(1,095,113)	(605,000)
Contributions from the Province of British Columbia (Note 5)	1,095,113	605,000
	$ -	$ -

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

Notes to Financial Statements

for the Year Ended March 31, 1989

1. The Commission

The Medical Services Commission was established, effective July 1, 1968, by the Government of the Province of British Columbia under the Medical Service Act and Regulations, to administer and operate the Medical Services Plan.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with generally accepted accounting principles, except that the cost of furniture and equipment is charged to administration expense in the year of acquisition.

3. Unpaid Claims

The liability for unpaid claims represents unpresented and unprocessed claims for services provided, and is based on current year claims received after year-end and past claim experience and trends.

4. Subscribers' Premiums

Until April 1, 1988, all premiums under the Medical Services Plan were remitted to the Commission, with any deficiency in the funds to meet the necessary expenditures to be paid out of the Consolidated Revenue Fund. After that date, amendments to the Medical Service Act Regulations, approved by an Order-in-Council dated March 25, 1988, require that premiums under the Medical Services Plan now be remitted to the Minister of Finance and Corporate Relations. Money is now paid out of the Consolidated Revenue Fund of the Province of British Columbia to meet all the needed expenditures for the operation of the Plan.

5. Contributions from the Province of British Columbia

	1989	1988
	$ (in thousands)	$ (in thousands)
Contributions	949,697	502,666
Premium Assistance	145,416	102,334
	1,095,113	605,000

The Medical Service Act requires the Province of British Columbia to fund all the expenditures of the Medical Services Commission and to pay premium assistance for qualified subscribers whose incomes are below specified amounts. For comparative purposes, the figures shown for 1987/88 have been restated to be consistent with the presentation of the 1988/89 financial statements.

6. Recovery due to Overutilization

Under the terms of a memorandum of agreement between the Commission and the British Columbia Medical Association, the Commission is entitled to recover payments made for medical services in excess of an agreed amount, and considered to have arisen due to overutilization of the services. The recovery, if any, is recognized when a determination is reached between the parties regarding the overutilization of the services. The amount of the recovery is recorded as a reduction of expenditure.

A recovery in the amount of $11,862,326 with respect to overutilization of medical services in the 1986/87 fiscal year was agreed to by the parties in July 1987, and was recognized in 1987/88. For the 1987/88 fiscal year there was no recovery required. No determination has been reached regarding overutilization of the services for the current year.

7. Relationship with the Province of British Columbia

The Province of British Columbia absorbs certain administration and accommodation costs associated with the operation of the Commission. In addition, superannuation and leave entitlement liabilities relating to the Commission are recorded as obligations of the Province.

8. Contingent Liability

In the 1988/89 fiscal year an action was commenced by physicians in the section of Emergency Medicine of the British Columbia Medical Association claiming damages, together with interest and costs, for payments allegedly withheld by the Commission. The amount of the damages is not stated in the Writ of Summons served on the Commission. It is the opinion of the Commission's management and its legal counsel that the physicians have no cause of action.

APPENDIX

TABLE 1 : MEDICAL SERVICES COMMISSION

Summary of Expenditures

1978/79 to 1988/89*

YEAR	Medical Fee-for-Service	Salaried & Sessional	Supplementary Benefits	Administration	TOTAL
1988/89	948,391,134	49,652,626	57,061,103	26,675,093	1,095,113,466
1987/88	892,747,547	49,414,596	59,627,228	24,364,675	1,026,154,046
1986/87	850,845,748	46,651,831	65,409,057	23,904,697	986,811,333
1985/86	787,991,552	42,944,957	57,451,700	27,961,373	916,349,582
1984/85	771,013,078	41,918,756	53,057,847	25,378,115	891,367,796
1983/84	753,796,898	41,462,052	48,927,947	20,556,814	864,742,923
1982/83	671,614,777	36,376,585	44,791,468	22,086,006	774,868,836
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983

* Based on accrual accounting and therefore matches the audited year-end financial statements.

Medical Services Commission expenditures do not include expenses of the Dental Care Plan 1980/81 to 1983/84.

TABLE 2 : FEE-FOR-SERVICE PAYMENTS BY SPECIALTY

for Year Ending March 31, 1989

SPECIALTY	Number of Practitioners [1]	Total Payments [2]	% of Total Payments	% Change from 87/88 [3]	Cost Per Person [4]	% Change from 87/88
00 General Practice	3,358	395,855,656	39.59	8.6	131.74	6.4
17 Pathology	85	111,640,129	11.17	7.9	37.15	5.7
16 Radiology	205	74,482,211	7.45	7.9	24.79	5.8
15 Internal Medicine	430	69,922,294	6.99	4.7	23.27	2.6
08 General Surgery	227	38,819,303	3.88	3.7	12.92	1.6
06 Opthalmology	167	37,575,710	3.76	3.7	12.51	1.7
18 Anaesthesia	277	35,768,678	3.58	8.8	11.90	6.7
05 Obstetrics/ Gynecology	154	28,831,946	2.88	4.7	9.60	2.6
03 Psychiatry	317	28,624,838	2.86	6.6	9.53	4.5
10 Orthopaedic Surgery	128	23,149,697	2.32	3.9	7.70	1.9
14 Paediatrics	151	17,579,915	1.76	7.8	5.85	5.7
13 Urology	68	15,791,928	1.58	7.1	5.26	5.0
07 Ear, Nose & Throat	77	13,800,300	1.38	6.4	4.59	4.3
01 Dermatology	53	10,763,078	1.08	7.3	3.58	5.2
12 Thoracic Surgery	46	9,082,003	0.91	10.6	3.02	8.4
02 Neurology	56	9,006,254	0.90	5.8	3.00	3.7
11 Plastic Surgery	48	6,820,095	0.68	1.9	2.27	(0.1)
09 Neurosurgery	26	4,456,762	0.45	2.6	1.48	0.6
33 Nuclear Medicine	5	3,331,023	0.33	3.7	1.11	1.7
29 Microbiology	8	2,572,489	0.26	200.6	0.86	194.6
20 Physical Medicine	24	2,215,005	0.22	3.1	0.74	1.1
19 Paediatric Cardiology	3	435,482	0.04	(9.2)	0.14	(11.0)
34 Osteopathy	3	145,856	0.01	(23.6)	0.05	(25.2)
21 Public Health	5	120,838	0.01	131.9	0.04	127.1
04 Neuropsychiatry	1	88,687	0.01	0.5	0.03	(1.3)
Misc and Recoveries		(13,657,730)	(1.36)	N/A	(4.55)	N/A
Subtotal (MDs only)	**5,922**	**927,222,445**	**92.42**		**307.50**	

SPECIALTY	Number of Practitioners [1]	Total Payments [2]	% of Total Payments	% Change from 87/88 [3]	Cost Per Person [4]	% Change from 87/88
40 Dental Surgery	239	1,468,066	0.15	(1.7)	0.49	(3.9)
37 Oral Surgery	26	3,244,452	0.32	(5.4)	1.08	(6.9)
Subtotal (Dental only)	**265**	**4,712,518**	**0.47**	**(4.2)**	**1.57**	**(6.0)**
99 Out of Province (OOP)		10,832,284	1.08	48.2	3.60	44.6
Subtotal Medical	**6,187**	**942,767,247**	**94.29**	**6.6**	**313.75**	**4.5**
30 Chiropractic	410	21,066,395	2.11	(8.9)	7.01	(10.7)
39 Optometry	220	16,602,163	1.66	11.1	5.53	8.9
32 Physiotherapy	550	10,491,585	1.05	(14.1)	3.49	(15.8)
43 Massage Therapy	413	2,286,903	0.23	(12.9)	0.76	(14.6)
38 Podiatry	57	5,143,731	0.52	(0.6)	1.71	(2.6)
31 Naturopathic	54	1,231,562	0.12	(6.1)	0.41	(7.9)
42 Orthodontic	62	238,764	0.02	16.8	0.08	14.6
Subtotal Supplementary Benefits	**1,766**	**57,061,103**	**5.71**	**(4.3)**	**18.99**	**(6.2)**
Total Benefits	**7,953**	**999,828,350**	**100.00**	**5.9**	**332.74**	**3.8**

[1] Includes all practitioners receiving payments in 1988/89.

[2] ICBC recoveries have been deducted from total payments.

[3] A $5 patient visit charge was implemented July 1, 1987 for all visits to Supplementary Benefit practitioners with the exception of optometrists and orthodontists. The $5 patient visit charge was reflected in a corresponding decrease in the amount paid to these practitioners by the Medical Services Plan. The 1988/89 figures represent a full years impact of the visit charge.

[4] Based on population of October 1, as derived from Statistics Canada data (October 1, 1987 = 2,945,500; October 1, 1988 = 3,004,800).

TABLE 3 : FEE-FOR-SERVICE MEDICAL PAYMENTS BY TYPE OF SERVICE

TYPE OF SERVICE	NUMBER OF SERVICES 1988/89	% Change from 1987/88	AMOUNT PAID 1988/89	% Change from 1987/88
GENERAL PRACTICE VISITS				
Regional examinations	10,952,561	2.1	231,019,951	8.5
Consultation	42,498	(5.5)	1,967,453	2.7
Complete examination	785,976	(0.7)	36,291,437	7.4
Counselling	446,741	4.2	15,262,590	4.7
Home visits	128,186	(3.1)	5,144,646	2.3
Emergency visits	618,419	13.1	20,719,554	20.5
Institutional visits	1,543,657	(2.3)	27,512,046	1.6
Miscellaneous	3,170	(10.0)	112,169	(10.3)
Visit premiums	527,632	9.6	14,937,878	(0.5)
Sub Total:	**15,048,840**	**2.1**	**352,967,724**	**7.7**
SPECIALIST VISITS				
Consultation	1,353,241	2.2	102,617,455	3.9
Subsequent visits	829,027	5.3	18,068,929	12.1
Counselling: psycho-therapy	328,268	3.9	23,687,800	4.4
Home visits	993	(12.8)	35,586	(12.6)
Emergency visits	41,114	2.8	2,621,643	3.3
Institutional visits	822,658	(3.0)	15,788,716	0.6
Miscellaneous	12,981	(2.5)	557,256	(6.5)
Sub Total:	**3,388,282**	**1.8**	**163,377,385**	**4.4**
PROCEDURES AND OTHER SERVICES				
Anaesthesia (1)	2,997,414	4.8	36,451,232	4.4
Cardiovascular surgery	7,996	100.0	3,674,296	100.0
Obstetrics	520,582	6.2	24,464,753	6.1
Surgery	599,075	(1.8)	85,488,632	(1.9)
Minor surgery	559,821	2.7	14,204,408	2.5
Unlisted misc surgery	2,852	(18.6)	536,192	(39.4)

TYPE OF SERVICE	NUMBER OF SERVICES 1988/89	% Change from 1987/88	AMOUNT PAID 1988/89	% Change from 1987/88
PROCEDURES AND OTHER SERVICES, continued				
Dialysis/Transfusions	59,034	0.6	2,751,239	1.2
General services	658,650	3.2	7,500,390	2.3
Therapeutic radiations	8,663	(9.1)	243,547	(9.6)
Procedural premiums	38,129	1.6	3,037,586	0.6
Sub Total:	**5,452,216**	**3.8**	**178,352,275**	**3.0**
DIAGNOSTIC PROCEDURES				
Diagnostic radiology	1,585,455	3.9	53,958,022	5.9
Diagnostic ultrasound	262,158	10.1	20,037,092	10.3
Nuclear medicine	46,851	(7.9)	6,513,576	(6.5)
Pathology (Category 1)	3,529,492	(9.8)	15,816,259	(3.2)
Pathology (beyond Category 1)	7,607,522	1.9	109,902,904	6.7
Pulmonary function	99,933	5.0	1,477,544	2.7
Electrodiagnosis (ECG, EEG, EMG)	727,988	0.1	12,893,788	1.8
Procedural cardiology	46,903	2.7	3,689,367	3.4
Other (needle biopsies, ox99, etc.)	1,181,401	0.6	30,313,771	1.1
Sub Total:	**15,087,703**	**(1.0)**	**254,602,323**	**4.7**
Miscellaneous (Recoveries)	**0**	**0.0**	**(6,532,459)**	**N/A**
TOTAL MEDICAL	**38,977,041**	**1.1**	**942,767,248**	**6.6**

(1) Anaesthesia services are measured as units of time. A single procedure may require multiple anaesthesia units or services.

Note: Includes physician services only.

This detail based on cash accounting.

TABLE 4 : MSP REGISTRATION BY AGE AND SEX

March 31, 1989

AGE	SEX Male	Female	Unknown	Total	% of Total
0-14	310,724	295,178	5,896	611,798	20.7
15-18	74,857	72,115	20,494	167,466	5.7
19-29	210,831	240,144	7,594	458,570	15.5
30-39	242,671	260,708	342	503,721	17.1
40-49	195,311	194,113	4,820	394,244	13.3
50-59	141,950	137,819	8,703	288,471	9.8
60-69	123,509	135,750	10,675	269,934	9.1
70-79	72,440	90,157	14,790	177,387	6.0
80+	25,607	40,887	14,074	80,568	2.7
All ages	**1,397,899**	**1,466,870**	**87,389**	**2,952,158**	
% OF TOTAL	**47.0%**	**49.0%**	**2.0%**		**100.0%**

TABLE 5 : PHARMACARE EXPENDITURES BY PROGRAM

1988/89

Plan A - Seniors	100,395,093
Copayment reimbursement	2,294,711
Total Plan A	**102,689,804**
Plan B - LTC Facilities	16,205,410
Plan C - Social Assistance	34,646,836
Plan E - Universal	25,422,243
Home Oxygen	4,429,029
Total Programs	**183,393,320**
Pharmacare Administration	2,000,896
Total Pharmacare	**185,394,216**

TABLE 6 : PREVENTIVE SERVICES

Program Delivery Statistics, 1987/88 and 1988/89

	1987/88	1988/89
Nutrition-General Community Services:		
General Public Consultations	4,426	1,008
Media Presentations	213	338
Professional Consultations	3,195	2,678
Presentations	161	336
Nutritional Care in Facilities:		
Consultations	1,675	1,520
Presentations	87	70
Assessments	172	86
Dental Health Inspection/Referral/Education		
Student Services	116,486	123,099
Pre-school/Day Care Services	12,456	13,564
Specialized/General Services for Elderly	13,498	8,673
Teacher/Parent Education and Counselling	5,191	3,721
General Community (adult) Services	1,802	1,917
Speech and Hearing		
Persons Served	124,380	124,975
Speech/Language Clients Receiving Remediation	1,125	1,419
Infants Prevented From Developing Communication Problems	102	131
Kindergarten and Grade 1 Children Prevented From Developing Communication Disorders	1,751	2,006
Public Health Nursing		
Immunization at the end of Grade 1		
Diphtheria/Pertussis/Tetanus	96%	95%
Polio	96%	96%
Measles/Mumps/Rubella	97%	96%
Immunization of Two Year Olds		
Diphtheria/Pertussis/Tetanus	72%	75%
Polio	74%	76%
Measles/Mumps/Rubella	87%	87%
Family Health Services		
Parents of new infants visited	7,747*	26,475*

Community Care Facilities		
Child Care Facilities	2,357	2,784
Total Capacity	34,055	39,543
Total Enrollment	N/A	53,622
Adult Care Facilities	684	810
Total Capacity	22,475	23,003
Public Health Inspection		
Inspections	**	
Food Service Facilities		17,233
Community Care in Support of Licensing		1,759
Drinking Water Systems		1,616
Recreation Facilities	2,922	
Other Public Facilities		827
Plans Reviewed	**	
Food Service Facilities		1,849
Community Care in Support of Licensing		403
Drinking Water Systems		121
Recreation Facilities		79
Other Public Facilities		65
On-Site Sewage Disposal Inspections	**	
Building Lots		11,403
Subdivisions		2,952
Samples Collected	**	
Drinking Water		19,695
Recreational Water		2,411
Beaches		1,549
Food		371
Other		760
Complaint Investigations	**	
Sewage		3,050
Garbage		953
Food		1,882
Other		4,201
Public Education Events	**	1,415
Disease Investigations	**	4,925

* Total only includes Provincial Health Units and Capital Regional District Community Health Services.

** Implementation of a computer monitoring system with improved accuracy has rendered comparable statistics for 1987/88 unavailable.
For a summary of 1987/88 Public Health Inspection activities, consult the 1987/88 Ministry of Health Annual Report.

TABLE 7 : Reported Cases of Communicable Diseases

British Columbia, 1984-1988

DISEASE	1984	1985	1986	1987	1988
AIDS	25	57	106	126	176
Amebiasis	203	385	403	356	427
Blastocystis Hominus	-	-	-	206	276
Campylobacteriosis	-	-	1,881	1,726	1,982
Chickenpox	-	-	-	327	696
Cholera	-	-	-	-	1
Cryptosporidiosis	-	-	-	41	58
Diphtheria	-	1	1	2	1
E. Coli Enterocolitis	-	-	-	468	581
Giardiasis	880	1,219	2,052	1,622	1,655
Gonococcal Infection	5,465	4,922	3,570	2,920	2,135
Hemophilus Influ- B.	-	-	54	44	77
Hemophilus Meningitis	-	-	-	38	35
Hepatitis A	253	239	159	161	557
Hepatitis B	170	388	378	557	626
Hepatitis Oth & NS	56	74	111	41	24
Kawasaki Syndrome	-	-	-	8	1
Legionellosis	-	-	1	4	1
Leprosy - Hansen D.	-	1	-	-	2
Malaria	70	61	109	135	36
Measles - Rubella (Red)	1,139	1,757	7,148	115	131
Meningitis A Bacterial	75	72	5	33	46
Meningitis - Other	35	33	17	5	6
Meningitis B Viral	69	29	35	56	33
Meningococcal Infection	47	31	36	32	15
Mumps	-	-	78	67	84

DISEASE	1984	1985	1986	1987	1988
Paratyphoid	1	1	3	2	1
Pertussis	32	89	95	63	81
Rotavirus	-	-	-	33	71
Rubella (German Measles)	119	908	374	95	82
Salmonellosis (ALL)	919	666	979	1,305	1,376
Scarlet Fever	-	-	-	26	24
Shigellosis	134	125	120	137	333
Streptococcal Throat	-	-	-	29	68
Syphilis, Prim/Sec	91	156	87	57	35
Syphilis, Other	108	155	120	154	132
Tetanus	-	2	3	1	1
Typhoid	2	5	7	3	2
Yersiniosis	-	-	-	549	732

- no data available.

Over the last 5 years, the incidences of most of the vaccine-preventable diseases were relatively stable. However, there were province-wide outbreaks of rubella and measles in 1985 and 1986. Marked increases also occurred in hepatitis B between 1984 and 1988, and in hepatitis A in 1988. Giardia, campylobacter and shigella infections have been on a steady rise and notifications of streptococcal infections increased in 1988.

TABLE 8 : B.C. CENTRE FOR DISEASE CONTROL

Program Delivery Statistics 1987/88 and 1988/89

	1987/88	1988/89
Provincial Laboratory		
Laboratory tests	1,108,395[1]	994,005[1]
Workload units	9,823,787[1]	8,594,884[1]
STD Control		
Patient visits - STD Clinic	12,693	12,866
Patient visits - AIDS Clinic	4,178	3,358
Patient visits - Street Program	6,061	12,198
TB Control		
Number with active TB notified in year	302	303
Active TB starting drug treatment in year	285	264
Number on preventive drug treatment	802	648
Patient visits	48,803	43,804
Kidney Dialysis		
Patients enrolled	773	1,059
Home Nursing visits	N/A	366
Dialysis treatments Willow D. unit	4,556	3,024
Limited care dialysis patients	27	43
Government Medical Services		
Employee visits to physicians	4,101	3,308
Employee visits to nurses	9,961	9,257
Radiation Protection		
Radiation surveys and follow-ups	1,269	883
Consultations and visits	2,207	2,360
Lectures and talks	57	81

1 Canadian standards for counting laboratory tests and workload units are undergoing revision.

TABLE 9 : FORENSIC PSYCHIATRIC SERVICES

Utilization Statistics

	1987/88	1988/89
Adolescent Services		
Maples Adolescent Treatment Centre		
Residential		
Admissions	58	91
Discharges	62	84
Number receiving treatment during year	123	143
Juvenile Services to the Courts		
In-patient Assessment Unit		
Persons assessed	256	280
Burnaby Clinic		
Persons assessed	346	382
Persons treated	203	303
Victoria Clinic		
Persons assessed	123[1]	156
Persons treated	247[1]	325
Adult Services		
Forensic Psychiatric Institute		
Admission	380	352
Discharge	402	348
Average population	128	137
Total patient days	46,669	50,057
Vancouver Clinic		
Referrals	669	745
Closures	600	451

1 Adjusted for new client data base

TABLE 10 : MENTAL HEALTH SERVICES

Utilization Statistics

	1987/88	1988/89
Mental Health Centres (Including Burnaby Day Program)		
Admissions	19,409	15,262
Separations	18,388	16,669
Total caseloads	31,836	28,768
Riverview Hospital		
Admissions	898	895
Separations	—	988
Bed days	415,194	364,743
Average occupancy per day	1,137	999
Burnaby Psychiatric Services		
Inpatient		
Bed days	7,700	7,886
Total inpatient caseload	290	285
Greater Vancouver Mental Health Services		
Outpatient (Community Care Teams)		
Intake	5,215	5,099
Admissions	2,250	2,734
Separations	2,115	2,602
Average caseload	3,491	3,540
Inpatient		
Admissions	466	471
Separations	466	473
Bed days	3,102	3,068
Community Residential Care		
Beds occupied per day (Average)	1,857	1,959

TABLE 11 : SUMMARY OF LIVE BIRTHS, DEATHS AND MARRIAGES

British Columbia, 1987 and 1988*

Vital Events	1987		1988	
	Number	Rate	Number	Rate
Live Births	41,595	14.2	42,732	14.3
Deaths	21,571	7.4	22,265	7.5
Marriages	23,377	8.0	24,469	8.2

* Based on calendar year
Rates per 1,000 population.

TABLE 12 : NUMBER OF LIVE BIRTHS, DEATHS AND MARRIAGES BY HEALTH UNIT

British Columbia, 1988

Health Units	LIVE BIRTHS		DEATHS		MARRIAGES	
	Number	Rate	Number	Rate	Number	Rate
01 East Kootenay	968	14.6	416	6.3	563	8.5
02 Central Kootenay	779	15.5	561	8.3	490	7.2
04 North Okanagan	1,087	12.3	670	7.6	757	8.6
05 South Okanagan	1,732	11.1	1,484	9.5	1,242	8.0
06 South Central	1,510	14.8	593	5.8	751	7.4
07 Upper Fraser Valley	2,116	15.9	1,002	7.5	1,054	7.9
08 Central Fraser Valley	2,429	15.8	968	6.3	1,154	7.5
09 Boundary	4,805	16.1	1,747	5.9	1,919	6.4
10 Simon Fraser	2,644	16.0	1,088	6.6	1,233	7.5
11 Coast Garibaldi	789	15.3	375	7.3	451	8.7
13 Central Vancouver Isl.	2,234	13.2	1,430	8.4	1,383	8.2
14 Upper Island	1,329	15.0	501	5.7	673	7.6
15 Cariboo	994	15.9	357	5.7	404	6.5
16 Skeena	1,491	19.0	380	4.8	553	7.0
17 Peace River	1,071	19.6	241	4.4	394	7.2
18 Northern Interior	1,862	17.0	426	3.9	812	7.4
20 Greater Victoria	3,277	11.9	2,736	9.9	2,560	9.3
30 Vancouver	6.054	12.4	4,313	8.8	4,488	9.2
31 Burnaby	1,991	13.3	1,226	8.2	1,274	8.5
32 Richmond	1,682	14.7	613	5.3	1,115	9.7
33 North Shore	1,887	12.5	1,133	7.5	1,194	7.9

Live births and deaths shown by health unit of usual residence, marriages shown by place of occurrence.

Rate per 1,000 population.

TABLE 13 : LIVE BIRTHS BY AGE OF MOTHER AND KIND OF BIRTH

British Columbia, 1988

Age of Mother	Single	MULTIPLE BIRTHS Twin	Other	Total
00-15	25	0	0	25
15-19	2,327	26	0	2,353
20-24	9,016	173	3	9,192
25-29	15,619	300	12	15,931
30-34	10,848	277	9	11,134
35-39	3,560	72	0	3,632
40-44	445	8	0	453
45+	12	0	0	12
TOTAL	**41,852**	**856**	**24**	**42,732**

For the multiple births including stillbirths, only live births are shown in this table.

TABLE 14 : STILLBIRTHS AND INFANT MORTALITY

British Columbia, 1988

Event Type	1987 Number	1987 Rates	1988 Number	1988 Rates
Stillbirths[1]	292	7.0	297	6.9
Early Neonatal Deaths[2]	157	3.8	175	4.1
Neonatal Deaths[3]	192	4.6	205	4.8
Infant Deaths[4]	347	8.3	341	8.0

1 Gestational age at least 20 weeks or birthweight at least 500 grams

2 Age at death less than seven days

3 Age at death less than 28 days

4 Age at death less than one year

Rates per 1,000 live births; stillbirth rate per 1,000 total births.

TABLE 15 : MARRIAGES BY MARITAL STATUS OF BRIDEGROOM AND BRIDE

British Columbia, 1988

Marital status of Bridegroom	Marital Status of Bride				
	Single	Widowed	Divorced	N.S.	Total
Single	14,589	115	2,451	3	17,158
Widowed	103	335	344	0	782
Divorced	2,667	352	3,509	0	6,528
N.S.	0	0	1	0	1
TOTAL	**17,359**	**802**	**6,305**	**3**	**24,469**

N.S. - Not Stated.

TABLE 16 : TWELVE LEADING CAUSES OF DEATH

British Columbia, 1988

CAUSE OF DEATH	Number	Rate
Diseases of Heart	6,198	20.77
Malignant Neoplasms	5,911	19.81
Cerebrovascular Disease	1,822	6.11
Accidents[1]	1,145	3.84
Pneumonia	868	2.91
Disease of Arteries	630	2.11
Diabetes	423	1.41
Suicide	365	1.22
Chronic Liver Dis & Cirrhosis	235	0.79
Emphysema	137	0.46
Causes of Perinatal Mortality	132	0.44
AIDS Related	114	0.38
Total (All causes of deaths)	22,264	74.61

[1] Excludes suicide and homicide.

Rate per 10,000 population

TABLE 17 : DEATHS FROM ACCIDENTS AND VIOLENCE BY EXTERNAL CAUSE BY EACH HEALTH UNIT

British Columbia, 1988

Health Unit	Number of Population	Deaths	Rate
01 East Kootenay	66,278	30	4.53
02 Central Kootenay	67,626	36	5.32
04 North Okanagan	88,426	60	6.79
05 South Okanagan	155,602	109	7.01
06 South Central	102,172	71	6.95
07 Upper Fraser Valley	133,286	50	3.75
08 Central Fraser Valley	153,686	76	4.96
09 Boundary	298,258	133	4.46
10 Simon Fraser	164,915	66	4.00
11 Coast Garibaldi	51,589	41	7.95
13 Central Vancouver Isl.	169,259	79	4.67
14 Upper Island	88,536	44	4.97
15 Cariboo	62,408	53	8.49
16 Skeena	78,644	95	12.08
17 Peace River	54,605	36	6.59
18 Northern Interior	109,691	86	7.84
20 Greater Victoria	276,276	75	2.71
30 Vancouver	488,164	287	5.88
31 Burnaby	149,178	57	3.82
32 Richmond	114,710	36	3.14
33 North Shore	150,711	51	3.38
TOTAL	**3,024,000**	**1,571**	**5.20**

Rate per 1,000 population

TABLE 18 : FREQUENCY OF SELECTED DISABILITIES IN PERSONS LIVING IN BRITISH COLUMBIA

as Recorded by the Health Surveillance Registry, Division of Vital Statistics, to Year End 1988

		AGE-GROUP													
DIAGNOSIS	SEX	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-49	50-59	60-69	70-79	80+	Total
Neurofibromatosis	M	3	15	12	7	13	15	9	10	7	2	1	2	-	96
	F	6	10	13	9	11	15	18	19	14	6	4	1	-	126
Cystic Fibrosis	M	14	21	37	23	19	13	16	6	6	-	-	-	-	155
	F	16	29	22	27	19	18	16	4	4	1	-	-	-	156
Mental Retardation	M	123	228	356	482	742	1155	1242	1101	1237	383	259	77	8	7393
	F	116	213	263	363	550	865	960	788	1029	334	239	57	12	5789
Multiple Sclerosis	M	-	-	-	-	4	27	48	96	201	184	160	45	12	777
	F	-	-	-	1	24	76	156	221	421	312	343	142	23	1719
Hemiplegia	M	6	18	43	39	45	93	111	116	163	207	300	286	169	1596
	F	5	19	21	31	51	67	60	70	128	135	226	220	175	1208
Infantile Cerebral	M	73	139	213	179	207	249	216	174	195	53	31	9	-	1738
Palsy	F	49	118	147	191	177	238	171	155	165	59	31	14	1	1516
Quadriplegia	M	-	7	9	24	43	99	106	95	122	91	65	28	14	703
	F	1	5	10	7	23	18	34	32	43	23	34	13	8	251
Paraplegia	M	1	13	16	19	47	59	93	107	160	125	117	50	23	830
	F	3	4	16	15	33	34	49	43	60	47	62	35	8	409
Other Paralytic	M	1	4	9	3	10	24	35	39	49	45	57	17	7	300
Syndromes	F	2	6	4	10	6	11	17	16	35	33	31	17	8	196
Blindness	M	38	84	80	88	85	92	107	152	181	169	252	415	1036	2779
Both Eyes	F	43	68	69	61	70	86	89	129	177	138	305	612	1770	3619
Other Blindness &	M	31	42	64	81	100	149	172	174	239	126	192	165	224	1759
Low Vision	F	26	34	42	49	64	101	101	124	170	54	162	230	435	1592

TABLE 19 : HOSPITAL PROGRAMS

Hospital Construction Projects Completed 1988/89

Facility	Project	Total Project Cost
Chase D and T Centre	New D and T Centre	875,000
Chilliwack General Hospital	Acute Expansion	26,950,000
F. W. Green Memorial Home Cranbrook	Intermediate Care Replacement	1,485,000
North Peace E.C.U. Fort St. John	New 40-bed E.C.U.	3,500,000
Overlander Ex. Care Hospital Kamloops	50-bed Extended Care Unit	5,200,000
Royal Inland Hospital Kamloops	Stage III Nursing Towers	8,808,000
Kelowna General Hospital	45-bed Rehabilitation Unit	2,800,000
Langley Memorial Hospital	Acute Expansion Phase I	17,800,000
MacKenzie & District Hospital	Replacement Hospital	4,250,000
Royal Columbian Hospital New Westminster	Emergency Department	3,800,000
100 Mile District General	New E.C.U./I.C.U.	1,960,000
G. R. Baker Memorial Quesnel	Acute Expansion/Upgrade	15,540,000
St. Mary's Sechelt	50-bed Extended Care Unit	5,580,000
Squamish General Hospital	Replacement Acute Hospital	10,300,000
Vancouver General Hospital	Cardiac Surgery Renovations	2,720,000

TABLE 20 : HOSPITAL PATIENT SEPARATIONS

During the Year by Type of Health Care

	1984/85	1985/86	1986/87	1987/88	1988/89
Cases Separated During the Year					
Acute/rehab	423,509	418,266	429,643	434,790	434,897
Long term care	3,279	3,127	3,299	3,725	3,857
Extended care	5,075	5,399	5,390	6,366	6,400
Newborn	45,048	44,683	43,701	43,710*	44,851
Days on Separation					
Acute/rehab	3,270,706	3,221,549	3,251,656	3,230,005	3,192,549
Long term care	206,084	204,241	231,136	245,055	234,471
Extended care	2,127,528	2,208,660	2,171,702	2,668,455	2,486,197
Newborn	211,532	216,782	211,266	207,019	206,429
Average length of stay (in days)					
Acute/rehab	7.7	7.7	7.6	7.4	7.3
Long term care	62.8	65.3	70.1	65.8	60.8
Extended care	419.2	409.1	402.9	419.2	388.5
Newborn	4.7	4.9	4.8	4.7*	4.6

* Restated figures

TABLE 21 : PATIENT SEPARATIONS FROM HOSPITALS AND AVERAGE LENGTH OF STAY

(Grouped according to total approved bed capacity) 1988/89

	Total	250 Beds and over	100 to 249	50 to 99	25 to 49	Under 25
Cases Separated						
Acute/rehab	434,897	295,167	93,574	25,574	14,555	6,027
LTC in acute	3,857	3,093	502	147	94	21
Extended care	6,400	4,710	1,162	404	102	22
Newborn	44,851	27,036	14,459	1,836	1,129	391
Days on Separation						
Acute/rehab	3,192,549	2,281,603	657,986	154,376	72,768	25,816
LTC in acute	234,471	168,069	47,273	9,383	8,928	818
Extended care	2,486,197	1,692,220	555,300	198,517	35,794	4,366
Newborn	206,429	126,360	67,268	7,291	4,134	1,377
Average Length of Stay (in days)						
Acute/rehab	7.3	7.7	7.0	6.0	5.0	4.3
LTC in acute	60.8	54.3	94.2	63.8	95.0	39.7
Extended care	388.5	359.3	477.9	491.4	350.9	202.1
Newborn	4.6	4.7	4.7	4.0	3.7	3.5

TABLE 22 : PERCENTAGE DISTRIBUTION OF PATIENT SEPARATIONS AND PATIENT DAYS

(Grouped according to total approved bed capacity) 1988/89

	250 Beds and over	100 to 249	50 to 99	25 to 49	Under 25
Patient Separations					
Acute/rehab	67.9	21.5	5.9	3.3	1.4
Acute/rehab/LTC in acute	68.0	21.4	5.9	3.3	1.4
Extended care	73.6	18.2	6.3	1.6	0.3
Newborn	60.3	32.2	4.1	2.5	0.9
Patient Days					
Acute/rehab	71.5	20.6	4.8	2.3	0.8
Acute/rehab/LTC in acute	71.5	20.6	4.8	2.4	0.8
Extended care	68.1	22.3	8.0	1.4	0.2
Newborn	61.2	32.6	3.5	2.0	0.7

TABLE 23 : HEALTH INFORMATION

Management System Outpatient Treatments (Visits)

Ref. Description	1984/85	1985/86	1986/87	1987/88	1988/89
Physiotherapy	707,359	672,459	673,392	658,719	651,881
Occupational Therapy	92,640	97,671	84,764	100,965	104,104
Other Therapy	47,501	43,894	44,013	44,873	46,329
Surgical Day Care	130,890	141,531	148,742	158,297	168,521
Emergency Short Stay	1,109,659	1,198,119	1,270,639	1,467,035	1,580,678
Psychiatry: Day/Night Care	66,543	53,030	64,564	62,555	63,694
Diabetic Day Care	14,930	16,122	21,339	24,286	26,761
Renal Day Care	31,080	32,446	36,676	40,361	44,456
Psychiatry Visits	50,127	56,643	50,703	51,922	55,195
Dietetic Counselling	92,058	64,483	73,541	75,464	80,099
Clinics	235,216	243,834	287,627	303,248	334,094
Other Out-Patients	233,023	215,338	204,231	195,559	208,652
ECG/EEG/Nuclear Medicine	273,253	241,173	311,166	293,410	347,023
Ultra S/Scan/Diagnostic	1,068,321	1,106,157	1,190,234	1,276,576	1,353,358
Therapeutic Radiology	60,261	66,940	67,086	7,165*	7,869*
Respiratory Therapy	43,998	73,680	91,845	100,535	107,955
TOTAL VISITS	**4,256,859**	**4,323,520**	**4,620,562**	**4,861,010**	**5,180,669**

* Change in reporting method

TABLE 24 : SUMMARY OF HOSPITAL PROGRAMS

Inpatient and Outpatient Contacts

	Total Admissions Acute/Rehabilitation and Extended Care	Estimated Number of Emergency Day Care and Outpatient Visits	Total Receiving Benefits
1982/83	417,228	3,833,276	4,250,504
1983/84	427,555	4,069,552	4,497,107
1984/85	432,482	4,256,859	4,689,341
1985/86	426,335	4,323,520	4,749,855
1986/87	439,732	4,620,562	5,060,294
1987/88	444,716	4,861,010	5,305,726
1988/89	443,557	5,180,669	5,624,226